THE CANADIAN NURSE

ERIODICALS R. R.

LUME 54 NUMBER 3
MONTREAL

Highlight for
MARCH 1958

COMPLICATIONS OF
PREGNANCY

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DAISY C. BRIDGES
(see p. 229)

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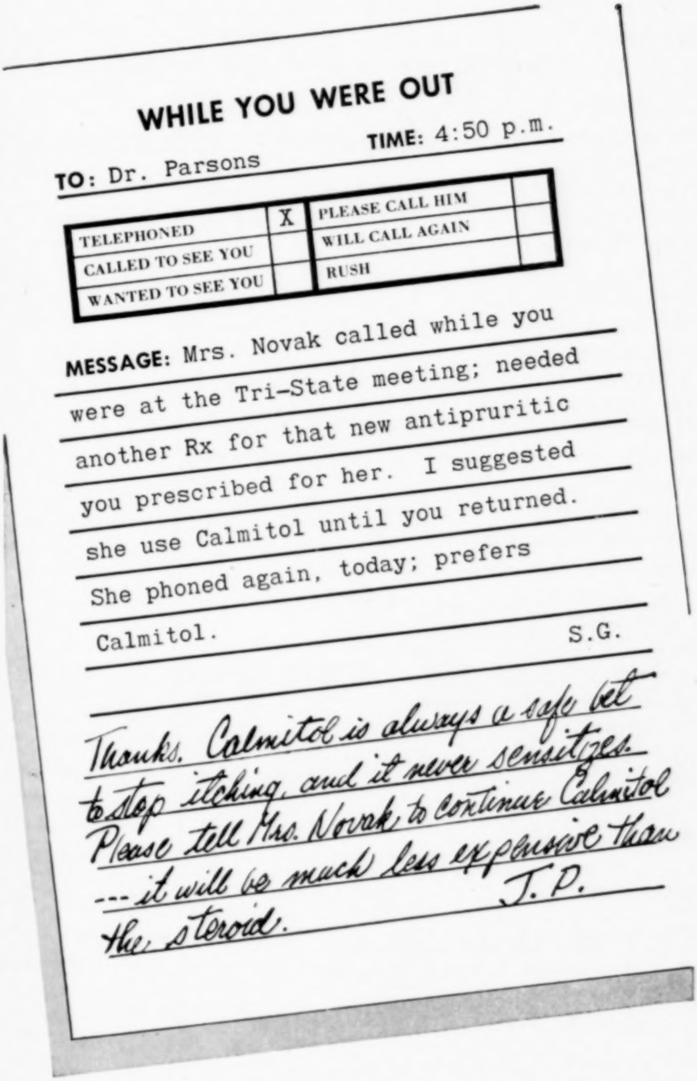

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TO: Dr. Parsons

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WANTED TO SEE YOU		RUSH	

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THE CANADIAN NURSE
L'Infirmière canadienne

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The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse *nor of the Canadian Nurses' Association.*

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Between Ourselves

THE STUDY of human nature, of what stimulates people to activity, of why some people thrive on hard work, doing easily what would exhaust a less vigorous person, is exceedingly interesting. Take our *guest editor,* **Margaret May Wheeler,** for example. She carries a full-time job as nursing consultant in the Division of Industrial Hygiene of the Quebec Ministry of Health, yet at the same time she is carrying the following professional responsibilities:

President, Association of Nurses of the Province of Quebec.

2nd Vice-chairman, District XI, English Chapter ANPQ.

Chairman, Public Relations Committee, CNA.

Chairman, Program Committee, CNA.

Member, Public Relations Committee, ICN.

Member, Editorial Board, Canadian Nurse Journal.

Member, St. John Ambulance Nursing Advisory Committee.

Member, Nursing Advisory Committee, Canadian Cancer Society.

Member, Executive Committee, Health Section, Montreal Council of Social Agencies.

Chairman, Committee to Study Referral Practice, Montreal Council of Social Agencies.

Meetings, conferences, surveys — Miss Wheeler takes them in stride and still finds time to play golf!

A graduate of Montreal General Hospital, and in public health nursing from the School of Nursing, University of Toronto, Miss Wheeler has engaged in occupational health nursing for the past 13 years. Previously, she had served as assistant head nurse at the Western Division, M.G.H., and for a year was assistant superintendent of the Brome-Missisquoi-Perkins Hospital, Sweetsburg, Que.

* * *

Why should nurses spend hours in classroom and laboratory studying microbiology? How efficiently is the subject taught in the average school of nursing? How well qualified are the people who are teaching this course? These are some of the questions that **Dr. H. S. Goldberg** answers concisely in *Current Status of Microbiology.*

So many babies are born every year that people in general regard the state of pregnancy and the subsequent delivery as one of the world's most natural functions. As with all these matters so commonly looked upon as being normal and therefore safe to more or less ignore, abnormal states are likely to occur without too much warning.

Public health nurses have carried on very active programs teaching the importance of adequate, continuous *prenatal care.* They know that the early recognition of untoward symptoms will prevent much suffering, loss of life and sorrow. Yet, many pregnant women still delay far too long in presenting themselves to their obstetricians for examination. Several of the consequences of this uncalled-for delay are discussed in the group of articles running from page 205 through page 219.

It is *every* nurses' responsibility to advocate, to advise, to admonish expectant mothers, whether in the first pregnancy or the sixth, to see the doctor regularly and to follow his instructions faithfully.

* * *

How can a hospital set about the rather involved business of *studying the nursing service* that is being given to its patients? Is such a study worth the time and money that must be spent making it? Does it require a specially qualified person or group of persons to do such a study? Read **Mrs. Elspeth Wallace**'s account of their experience at Holy Cross Hospital, Calgary.

* * *

In a little over three months, nurses from all over Canada will be thronging to Ottawa for the very special convention that is attracting so much attention. Have you sent in your registration form and your application for accommodation? If not, please hurry!

Requests from student nurses regarding arrangements for their housing are being received. In consultation with our National Office we learned that so far it has been impossible to find any place large enough to accommodate masses of students under one roof. It would appear, therefore, that students will have to make their own arrangements, through the Housing Committee, for scattered accommodation. All the more reason for haste!

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by Robert S. de Ropp, Ph. D.

A biochemist now working in one of the great pharmaceutical houses. Formerly a visiting researcher at the Rockefeller Institute.

Foreword by Dr. Nathan S. Kline, Research Facility, Rockland State Hospital, Orangeburg, N.Y.

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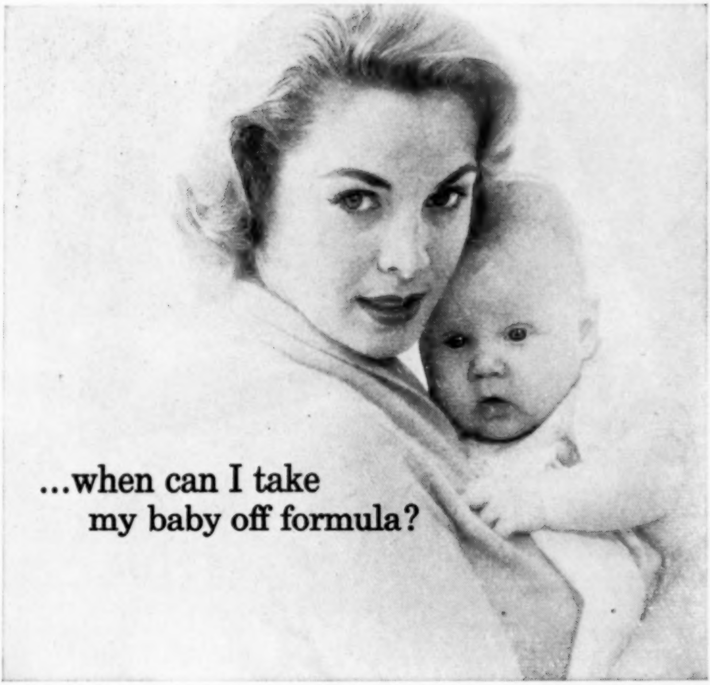

Most doctors feel it is wisest to continue the infant's evaporated milk formula for six months, adjusting it from time to time to meet his changing needs. Evaporated milk processing makes it easier to digest than fresh milk. This is an important point, since digestive upsets and diarrheas are more difficult to treat and potentially more serious during infancy.

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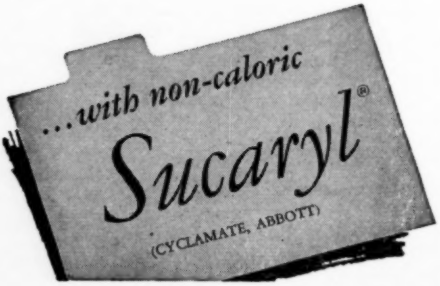

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THE CANADIAN NURSE
L'Infirmière canadienne

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The Main Project

At the outset of each biennium, as a chairman sets forth, charged with the work of a particular committee, she wonders as I did, what piece of work her committee can undertake that will have a constructive influence on nursing in this vast country. This was a question of great magnitude to me as I leafed through the Public Relations Guide, the excellent document which had just been published as a result of the untiring efforts of the previous chairman, Miss Evelyn Pepper, and her committee members during the past biennium. This is a most useful document which has received much favorable comment not only from our own members but from nurses in many countries.

It is impossible, of course, to report on the entire work of a committee before the end of a working period. However, I would like to tell you about one particular project which is in progress.

As we met in full committee early in the biennium, we were not left long to wonder what piece of work we could undertake. A referral had been forwarded from another committee asking that the Public Relations Committee "suggest the part which it sees the Canadian Nurse Journal can play in public relations."

It was immediately acknowledged and emphasized that *The Canadian Nurse* has always played a public relations rôle. Further thought, however, led us to feel that perhaps we could suggest how this part could be improved.

Margaret Wheeler

In consultation with the editor of *The Canadian Nurse,* it was agreed that the best method of answering this referral would be through a fact-finding survey. Many of you are fully cognizant of the Readership Survey which was conducted in relation to the October issue of the *Journal.*

Each provincial public relations chairman assumed responsibility for the conduct of the survey in her province, using an interviewer's guide and a questionnaire which had been prepared by the joint efforts of National Office personnel, the Public Relations counsel and the Public Relations Committee. Assistance was also obtained from the Research Division of the Department of National Health and Welfare. Names of persons to be interviewed were chosen at random in a completely unbiased manner from the mailing lists in the *Journal* office. We would like to acknowledge here, our sincere appreciation and gratitude to all those who participated in any way in this survey.

A wealth of information was obtained which we are certain can be very valuable to *The Canadian Nurse* in playing an even more important rôle in public relations.

In looking to the future, it seems appropriate to recall the past.

The Canadian Nurse, the only official organ for nurses in Canada, is owned and published by the Canadian Nurses' Association. It was not always thus. In 1905, Miss Mary Agnes Snively who was then director of nursing of the Toronto General Hospital, felt a great need for a journal for Canadian nurses. Since the Alumnae Association of that hospital was an immediately available group, Miss Snively persuaded its members to assume responsibility for launching this new periodical known as *The Canadian Nurse.* Neither readership nor contributors were to be limited to nurses of that hospital or of Ontario but as the name implied it was for all the nurses of Canada.

For the first two years it was published quarterly and became a monthly publication in 1907. Changes in ownership and policy marked the next few years. In 1916, the national nurses' association, then known as the Canadian National Association of Trained Nurses, took steps to obtain ownership of the *Journal.* The name of the national association was changed to the Canadian Nurses' Association in 1923.

For some years the executive secretary of the Association also assumed responsibility as the editor of the *Journal.* In 1932 the Association appointed a full-time editor who was also business manager. This plan has continued to the present time.

The Canadian Nurse survived many lean years financially, as the nurses were slow to subscribe to their *Journal.* Many and varied efforts were made to arouse the interest of the members, with limited success. Eventually, it was proposed that the provincial associations consider asking their members to subscribe through their provincial registration fees, as is done by the members of most other professional organizations.

In 1949, the members of the New Brunswick Association of Registered Nurses voted to increase their membership fees to include the subscription to the *Journal* thus paving the way to have the *Journal* ultimately become the personal responsibility of every member of the Canadian Nurses' Association. In fairly rapid succession other provinces have made the same decision until, by 1958, the nurses in nine of the ten provinces subscribe in this way. This has been economically sound because the resultant increased circulation has encouraged a greater amount of advertising which is vital to the financial position of any *Journal.* It has also ensured that every member of the Association can receive her *Journal* at a minimal price.

The increase in the circulation can be readily appreciated by a very few figures. In 1907, approximately 1000 nurses subscribed to *The Canadian Nurse.* In 1947 there were 9006 subscribers. By September 1957 there were over 37,000 subscribers.

The *Journal* has been the source of a wealth of information in trends and developments in all areas of nursing and medicine. It has kept us informed of the activities of our professional associations — international, national, provincial and local. Through it we have been able frequently to follow the progress of friends and previous associates. Many nurses have found new employment opportunities through its pages. To reread the guest editorial by the president in the January, 1957 issue makes us vividly aware of the part *The Canadian Nurse* has played in keeping us abreast of past and present developments and future trends in nursing.

The editor is conscious of increased responsibility to the members in the light of such increased circulation, and is striving constantly to meet that responsibility. She has welcomed the results of the survey. Many questions raised in the survey, indicating that members need further information, will be answered in the *Journal*. Nurses *must* be well informed. They *can* be well informed through the pages of their *Journal*.

This has been a brief look at the main project upon which the Public Relations Committee embarked in this biennium. We are confident that these efforts will help *The Canadian Nurse* to meet the challenge of the theme given by our President, at the beginning of this biennium — "into the future, open a better way."

MARGARET M. WHEELER,
Chairman, Public Relations Committee,
Canadian Nurses' Association

The Current Status of Microbiology

HERBERT S. GOLDBERG, PH.D.

THIS DISCUSSION has as its aim to present the status of microbiology as it is currently taught to students of nursing. Material has been gathered from students, technicians, professional nurses, clinicians and nursing school administrators by questionnaire, conversation, correspondence and direct observation.

In entering our discussion one question common to all professional microbiology courses arises. Shall the course be taught as a biological science or as a vocational discipline? There is little question that major emphasis is placed on practical application but perusal of textbooks and discussion with microbiology teachers, illustrate that all set aside some part of the microbiology course to give the student some concept of microorganisms as they function in a beneficial manner within the forces of nature. The exceptions to this may arise in those schools where nursing students take a general bacteriology course with students in other divisions and as a result much less emphasis is placed on practical application.

Concerning the time allotted to microbiology and the preparation of the teaching personnel, an examination of the results of our recent survey in the United States may be useful for purposes of comparison.

The N.L.N. recommends 45-60 hours for the lecture, demonstration and laboratory. Most state boards require the minimum of 45 hours. At one institution, The University of Missouri, 32 hours of lecture plus 64 hours of laboratory practice for a total of 96 are provided. Of the 65 nursing schools in the survey, 85% offered 2-3 lecture hours per week and 2-4 laboratory hours per week calculated on a semester basis for a total range of 45-80 hours. It might be added here that a breakdown of the 65 schools into diploma (hospital schools, 3 yr.) and degree (B.S. in Nursing 4-5 yr.) programs showed that little variation in time allottment occurred. There is a tendency for degree programs to offer 1-2 hours more laboratory practice per week.

One of the most interesting statistics obtained was that concerning the training of instructors in these courses. Fifty-four per cent of the teachers have doctors'

Dr. Goldberg is assistant professor in the School of Medicine, Department of Microbiology, University of Missouri, Columbia.

degrees — M.D. or Ph.D. In the degree programs, that is college affiliated, 70% of the teachers have doctorates; in diploma programs, 40% are so trained. The remainder of the breakdown shows 32% with master's degrees and about 12% with bachelors' degrees. Only one school offering the degree program was in this latter category, i.e. had an instructor with only a bachelor's degree. Of those people with a master's degree teaching in diploma program most had degrees which were in education while instructors in degree programs had a master's degree in microbiology.

In speaking of teaching personnel we are also concerned, of course, with the laboratory part of the course. With classes as large as 140 students in some schools it is of importance to know the number of laboratory assistants available to aid in this important phase of microbiological training. Our data indicates a severe difference between degree and diploma schools in this respect. Only 28% of the diploma schools had laboratory assistants in microbiology at a ratio of 30 students to one assistant, whereas 87% of the degree programs had help at a ratio of 20 students to one assistant. These figures represent a ratio somewhat higher than most teachers would like. A 15-1 ratio is more readily optimal according to those queried.

One further fact divides the two groups which make up the 65 schools interviewed — the year in which the course in microbiology is given. In 94% of the schools offering a diploma in nursing, microbiology is taken in the first semester of the first year. In only 30% of the degree programs is this true. Thus, in one group the chemical and biological background of the nursing student is deficient on entering the course in microbiology. What effect, if any, this has on the end result is indicated later.

As anticipated there has been no agreement on a textbook. No specific text holds precedence but among those praised are Frobisher and Sommermeyer's Microbiology for Nurses (Saunders), Witton's Microbiology with Application to Nursing (McGraw Hill), Thompson's Introduction to Microorganisms (Saunders), Carter's Microbiology for Nurses (Mosby), Kelly and Hite Microbiology (Appleton Century Crofts).

We now come to the question of what is taught to nursing students in microbiology. Almost all contributors agree that the subjects to be stressed are: antibiotics, disinfection and sterilization, transfer of disease agents and immunology with emphasis on immunization procedures and hypersensitivity. All these areas go hand in hand with the purported needs of the nurse to "maintain a sanitary environment for her patients, carry out nursing procedures safely, protect her own health and assist in the protection of the public health[1]." Important bacterial pathogens are usually covered thoroughly, whereas viruses, rickettsiae, protozoa and fungi are often given very little emphasis. It is obvious that this is not complete coverage for nonbacterial groups and, therefore, microbiology in these instances is still largely bacteriology.

Every student's interest will increase when an opportunity to do some testing or determination on living animals is made available. Consequently experimental animals should be utilized in class whenever possible. Such experiments as antibiotic treatment of bacterial infection and botulinum toxin determination can be done with mice. In addition, chick embryo inoculations can also be done by each student in the virology portion of the laboratory.

One further interesting exercise is the typing of blood by the students using their own specimens. They can do a simple procedure which instructs in the principles of slide agglutination and gives the student a personal contact with laboratory use. Almost all nursing microbiology courses cover the subject in lecture but not all carry out the procedure among the students.

Finally, one other project can be used to stimulate student interest in microbiology. A research problem can be established around the nursing students. At the University of Missouri it consists of a study of the antibiotic sensitivity pattern of the micrococcal flora in student nursing personnel before and during their hospital training. This serves to emphasize the importance of microbiology to the students and maintains their contact and awareness long after they have completed the course.

Upon evaluation students in the

degree programs might be expected to do better in microbiology than those from diploma programs due to two factors — the greater training in microbiology of the instructors and the better educational background of degree students. However, there is no objective evidence to indicate that microbiology courses in degree programs are superior. When compared with results in other basic science achievement tests such as anatomy, physiology and chemistry it appears that all types of students do as well in microbiology as in other basic sciences. It would appear that microbiology is being adequately taught to nursing students in both degree and diploma schools of nursing.

REFERENCE

1. Curriculum Guide for Nursing Education, National League for Nursing.

Natural Childbirth

DOROTHEA BALSTON

FIRST LET ME SUBSTITUTE the word "normal" for "natural" and ask what is normal childbirth? Those two words should be looked upon as inseparable companions. Unfortunately, the word "natural" too often conjures up a vision of a primitive woman stopping her daily routine to disappear behind a nearby hedge for a short while to give birth to her baby with few or no attendants. Should she be helped by others, their experience is probably very limited — simply that they have had a baby themselves. If the native mother is alone, she will deliver her baby while squatting, bite through the cord, deliver the placenta, put the baby to her breast, wrap it in a shawl tied around her back and then resume her former occupation, showing little or no sign of her recent undertaking. It is only since we in the "west" have called ourselves "civilized," that childbirth has been looked upon as a painful event and, what is of greater significance, we tend to teach others to believe that myth.

The native woman looks upon her pregnancy as a normal sequence of events culminating in labor. *No one has taught her otherwise!* There are some primitive peoples with taboos about childbearing, but often their basic reasons deal with population control — a very important factor in the economy of any tribe or race.

It was through the study of native cultures in various parts of the world that Dr. Grantly Dick Read, the first pioneer in preparing a system called "Natural Childbirth," realized the importance of parturition, and the way it can be affected by a people's mode of living and by their very concept of life. He discovered that in those cultures retaining their natural, normal approach to life (almost a Mother Nature approach), the mothers suffered very little, seemed to have comparatively short labors, and did in fact benefit from gestation, especially by the process known as "labor." It truly seemed a fulfillment — something no primitive woman wished to miss. Other doctors have followed his train of thought and teaching and their methods of describing natural childbirth are basically the same. Dr. Read does not advocate that we should all go back to the native state. It has far too many limitations! But we can accept the attitude of mind of the more primitive culture and, to a certain extent, develop the physical fitness common to most native peoples. Due no doubt to the harshness of daily routine, they have excellent muscle control and a high degree of physical fitness, though many are underfed.

It is practically impossible for the women of the western world to have natural childbirth, due to our present mode of life. We are bound by moral codes, by tradition, by the ethics of our

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Miss Balston, who works in St. John's, delivered this address at the 1957 annual meeting of the Association of Registered Nurses of Newfoundland.

everyday life. It is difficult for us to accept the naturalness of other cultures; we call them "immodest." However, it is only by accepting their approach as far as possible that we can achieve what may be referred to as natural childbirth.

Should any of you read Dr. Read's book, "Childbirth without Fear," please notice the title. It does not say "childbirth without pain," as some people interpret it. The distance between those two statements is very wide. It is true that many of our mothers and grandmothers had normal deliveries with these differences. They had a limited knowledge of the physiological changes taking place during pregnancy, an inadequate understanding of hygiene. They did not entirely understand the mechanism of labor. The old adage, "eat for two," was often taken literally.

Dr. Read states that fear brings tension, tension causes pain. That triad is his all-governing maxim. The native woman has little or no fear, and suffers only the minimum of discomfort. How true and how simple the remedy sounds on paper! *Eliminate fear*. Natural childbirth should mean then:

1. An enjoyment of pregnancy.
2. An understanding of the whole event from conception to birth.
3. A sense of fulfillment for every mother.

It does not mean acute suffering, or going without relief during labor. Every patient has all the relief her attendant doctor deems necessary. Most women who accept the natural childbirth routine and carry it out faithfully, find that they require less sedation and fewer analgesics. Better understanding of the birth process, the absence of fear or dread, lessen the time factor quite considerably. The mother is conscious enough to experience the actual birth of her child, a fitting conclusion to the most wonderful experience a woman can have.

It seems strange that we need to have natural, normal childbirth explained to us. It should be accepted by nurses, doctors and patients as the normal climax to a normal function. However we have learned to accept the way of our society as the only right way and the whole idea seems new to us. We agree that natural childbirth is a sound theory but to accept it as such is a different matter.

The mothers who have elected to follow the natural childbirth routine are given generous explanation and instruction. The signs and symptoms of pregnancy are indicated; the necessity for regular visits to the doctor is explained. The steps in the process of pregnancy are outlined week by week, month by month. The hygiene of pregnancy is explained; dietary principles are clarified; the correct type of clothing is suggested. The mothers are told how to avoid the mild discomforts that might arise.

The mechanism of labor is described. The mother is given a simple explanation of each of the three different stages and is told how she can help in each one. The anatomy and physiology of the reproductive system is discussed to the extent necessary for the mother to understand her body and its function. Breast feeding is encouraged because of the advantages to both mother and child. The psychological adjustments to be made in admitting the new and helpless member to the family circle are indicated. A few simple exercises with emphasis on control of breathing are taught plus the art of *complete* relaxation. Questions are encouraged during the teaching periods. It is the easiest way of assessing the progress of the individual mother in obtaining better understanding of herself.

Moderation in all things is the rule. Provided the mother is healthy and the pregnancy uncomplicated, there is no reason why she should not keep on with her normal occupation and routine right up to term. It has been found that if the mothers begin their course of instruction during the third or fourth months of gestation, the results are much better. A few hurried explanations and exercises near the time of delivery accomplish little.

An increasing number of mothers are indicating their desire to understand and to take an active part in this phase of motherhood. They want to be something more than passive observers of an event that concerns them so intimately.

Erythroblastosis Fetalis

SISTER ST. MACRINA

According to statistics 85 per cent of the population are Rh positive and the remaining 15 per cent are Rh negative. When both parents are Rh negative there is no fear of having abnormal babies. But when the father is Rh positive and the mother Rh negative, the Rh positive antigen in the blood is a dominant characteristic. There is danger of the baby having erythroblastosis, especially in subsequent pregnancies after the first one.

The Rh positive antigen produces Rh positive antibody in the Rh negative mother. This sensitizes her and the action of the antigen and the antibody in the infant causes the red blood cells to be destroyed producing anemia. As the red blood cells are produced in the bone marrow they pass through a rapid transition stage and are given off into the baby's bloodstream in an immature and nucleated form — in other words as erythroblasts (origin of the word erythroblastosis) instead of normal red blood cells (erythrocytes). Because they undergo rapid destruction in the bloodstream there is considerable bilirubin liberated, giving rise to jaundice.

The disease may manifest itself in the baby in various ways:

1. Congenital hydrops
2. Jaundice
3. Anemia
4. Large spleen
5. Enlarged liver with edema

The usual pattern of care includes:

1. Rh testing of the mother to determine sensitivity.
2. A careful blood check of the baby to determine Rh type, blood group and antibody titre.
3. A daily hemoglobin.
4. Repeated transfusions to maintain the hemoglobin level within normal limits.
5. Replacement transfusion in severe cases to prevent kernicterus in which the brain and spinal cord are involved.

SOCIAL HISTORY

Mrs. Conway is 30 years of age, a Canadian housewife of Irish descent. She has five young children, all quite healthy and well-cared-for. Since her Rh positive husband is a trainman whose job keeps him away from home a great deal, much of the burden of raising the children rests upon the mother. Mrs. Conway is doing a fine job of raising her children in a home of moderate means. She is well fitted for the task, being an understanding women with good health habits and mental attitude. She had an average education in local schools and a high school education extending to grade ten.

MEDICAL HISTORY

Mrs. Conway's health has always been adequate. Her menstrual periods began at the age of 15 years and have occurred at regular intervals since then. She has had five normal pregnancies.

Mrs. Conway made her first appearance at the doctor's office this time when she was approximately two and one-half months pregnant. Since she knew that her blood was Rh negative and her husband's Rh positive, she was rather worried about her baby's welfare. She had had no trouble with her other children and this pregnancy seemed quite normal. She was watched closely, however, and repeated blood tests were done to determine whether sensitivity was present. Slight sensitivity appeared in the last half of the third trimester.

PHYSICAL EXAMINATION

On admission to the hospital, examination showed that her urine contained two plus albumin and four plus white blood cells. During pregnancy repeated urinalysis had shown slight albuminuria which never became severe. Her blood pressure was a normal 122/72. Physically she appeared quite normal.

Sister St. Macrina is a graduate of the General Hospital, Sault Ste Marie, Ont.

LABOR AND DELIVERY

Mrs. Conway's labor began at approximately 8:00 P.M. the day of admission. Progress was slow but steady up to 10:40 P.M., when she was admitted to hospital. At that time she was having contractions every 15-20 minutes although they were irregular and not severe. Her membranes were intact and there was no bloody show.

She was given routine preparation including an enema to prepare her for delivery. The fetal heart beat and the mother's blood pressure were checked and found to be normal. Since fetal distress was expected, the heart beat was checked regularly. No abnormality was noted. The heart beat remained at 138-144, was strong and regular throughout labor.

Her pains continued to be irregular and not severe, occurring every 7-15 minutes throughout the night. At 6:00 A.M. the next morning they became more severe occurring every 3-4 minutes, with some pressure on the bowels. At 9:35 A.M. a rectal examination disclosed that the cervix was three fingers dilated. Progress was not fast, due, perhaps, to the fact that the membranes had ruptured at 11:30 P.M. the previous evening.

At 10:00 A.M. Mrs. Conway began to bear down with her pains which occurred every 2-3 minutes. She was moved to the case room and at 10:50 A.M. she was given Nembutal gr. 3 as a sedative. Her pains were every minute by 11:30 A.M. Delivery occurred spontaneously at 12:55 P.M. Mrs. Conway had been given a small amount of ether as an anesthetic with excellent results. The baby was a boy weighing 8 pounds 13 ounces and his condition appeared satisfactory. Mrs. Conway was given Ergometrin, one ampoule, to aid in contracting the uterus and to prevent postpartum hemorrhage. Since there were no lacerations, sterile pads and a tight abdominal binder were applied. At 1:15 P.M. Mrs. Conway was taken back to the ward. Her fundus was firm, her pulse and color good.

For the first few hours she was carefully watched for shock and hemorrhage. Proper care during the third stage of labor usually forestalls hemorrhage, but not always. It was necessary to inspect the lochia for clots and bits of membrane and by frequent palpation of the uterus to decide whether or not it was contracting normally. Frequent change of position was encouraged to facilitate drainage of the lochia and better pelvic circulation. Her pulse and respiration rates were taken frequently for several hours after delivery. On the first postpartum day temperature, pulse and respiration were 99°, 84, 22. They remained normal throughout the puerperium. A moderate amount of lochia rubra was noted. Mrs. Conway voided without particular difficulty.

The first day she was given a complete bed bath. This is important because the excretory function of the skin is augmented at this time. Perineal care was given after each urination and defecation. While giving it the height of the fundus, the character and amount of lochia, which changes from day to day, and the condition of the perineum were observed. When allowed bathroom privileges Mrs. Conway was carefully instructed to ring for a nurse so that she might be given perineal care.

Her breasts were in good condition. She was not breast feeding and they did not become engorged. She had only a few after-pains and was given no medication for them. Involution of the uterus proceeded normally. To aid in this, Ergotrate, gr. 1/320, was given three times a day for six doses. Stilbestrol, 5 mgm., was given three times a day during her stay in the hospital to prevent engorgement of the breasts. Since Mrs. Conway was unable to sleep Nembutal, gr. 1½, was given at bedtime the first two nights following delivery.

Her postpartum recovery was good. On the second postpartum day she was allowed up for a few minutes. She was up and about as desired on the third day and on the fifth day she was discharged in satisfactory condition.

BABY BOY CONWAY

At birth Baby Conway's condition was satisfactory and the usual care was given. Silver nitrate 1 per cent was instilled in both eyes followed by a normal saline irrigation — a treatment used routinely to prevent ophthalmia neonatorum. The baby was given Synkamin, one ampoule, at four-hour intervals for four doses to prevent hemorrhage.

A red blood count and hemoglobin test were done immediately. The red blood count was 4,040,000 and the hemoglobin, 73 per cent. The Wasserman test on the cord blood was negative and an Rh sensitivity test showed the cord blood to be type O, Rh positive, sensitivity positive, titre 1:2. This meant that the Rh positive placental blood showed an antibody titre of a dilution of 1:2. This is a good report since, in some cases of this type, antibody titre is so strong that it will appear at as great a dilution as 1:300. Still the slight sensitivity in this case was great enough to cause serious illness or death of the baby if allowed to go untreated.

A cutdown was done immediately on the baby's left ankle and a transfusion of 100 cc. of Rh negative whole blood, was given during the day. The cutdown was kept open with Heparin, a substance which lengthens the clotting time of the blood. A special heparinized solution was injected into the cutdown tubing, ½ cc. every hour. Rh negative blood containing no antibodies is given to sustain the infant until such time as all of the mother's antibodies have been eliminated.

Baby Conway soon began to show signs of jaundice that increased rapidly. At the end of the first 12 hours this jaundice was very severe. Otherwise he was a normal infant and he began at once to take his formula of glucose water well. He was put on the standard evaporated milk formula which he took eagerly.

The following day the baby's red blood count was 2,450,000 — an alarming drop in 24 hours! The hemoglobin was 60 per cent. An additional 100 cc. of whole blood were given. The next day improvement was noted. The hemoglobin was 104 per cent.

When the hemoglobin dropped below 100 per cent another 100 cc. of whole blood were to be given. The next day the hemoglobin was 94 per cent and the blood was immediately given. The following day the hemoglobin was 111 per cent and the baby's condition was very good.

Up until this time the cutdown had been kept open between transfusions by continuous use of Heparin solution. In view of the baby's good condition the Heparin was discontinued, the cutdown closed and an alcohol dressing applied.

At five days of age Baby Conway was taking a formula of evaporated milk very well. He had an excellent appetite and proved to be an extremely lovable child. Ten days after his birth his hemoglobin was 100 per cent. He was discharged at four weeks of age his condition satisfactory. His weight was nine pounds, six ounces, a gain of nine ounces from birth.

The value of good prenatal hygiene and nursing care for the mother and baby in this instance can not be stressed too much. Replacement transfusions have become the treatment of choice in caring for a baby with severe erythroblastosis.

Stop-Press

The nursing profession calls for extensive training and dedication to the work. PERSPECTIVE presents the story of young girls in training at the Montreal General Hospital. A filmed portrayal of the "Student Nurse," will be televised on the CBC-TV network on Sunday, March 2, at 5:30 P.M.

In some ways the nursing profession is glamorous and exciting but it is also one of the hardest yet most interesting jobs in the world. How training enables nurses to make difficult decisions and gives them the confidence to act, is part of the story of the "Student Nurse." A National Film Board production from a script by Charles E. Israel.

NOTE: Since many TV stations present PERSPECTIVE at a different time than given above, a check should be made with local stations for the exact time of the above telecast.

* * *

Baby's crib and playpen should have bars so spaced that the child's head cannot be caught between them. When repainting this furniture, paint containing no lead should be used.

— Dept. of National Health and Welfare

Abruptio Placenta

EUNICE O'ROURKE

MRS. ANTHONY, in the eighth month of her fifth pregnancy, was admitted to hospital complaining of a continual pain in her lower abdomen preceded by vaginal bleeding. Her abdomen was rigid and very tender. Her blood pressure was barely audible at 70/60. She was nauseated with small amounts of vomitus and very apprehensive. The diagnosis was *abruptio placenta* — a condition in which there is premature detachment of a normal placenta. This is sometimes called accidental hemorrhage.

SOCIAL HISTORY

Thirty-one years of age and of Irish descent, Mrs. Anthony had been a nurse before her marriage. Her husband worked with an interior decorating firm and the family income was adequate for comfortable living. There were two small children in the family — a boy and girl aged three and five years respectively. Two other pregnancies had terminated in an abortion at one and one-half months in the first instance and a macerated fetus in the second case.

Unfortunately Mrs. Anthony was rather negligent regarding her own health. She had developed a negative attitude towards prenatal care because of the unfortunate results of her two previous pregnancies and did not bother going to her doctor at all on this occasion. Although she worried about her two children, she tended to be passive and rather apathetic.

MEDICAL HISTORY

Mrs. Anthony was Rh negative. During the pregnancy prior to this one she had developed hypertension; blood pressure readings at that time reached 180/60. Her urine had shown a slight trace of sugar and a heavy trace of albumin. She had had scanty urine output and had complained of constant thirst. Her weight had risen to 250 pounds. This pregnancy terminated in the delivery of a macerated fetus and an extremely small placenta.

Later she returned for a medical check and a pelvic examination showed the uterus to be small but in good position. There was minimal erosion of the cervix and no bleeding. The doctor also thought that she might be pregnant but Mrs. Anthony did not return for confirmation of this tentative diagnosis.

Her next communication with her doctor came when she telephoned him to say that she was having labor pains. She was admitted to the hospital at 11:15 P.M. and delivered a female stillborn baby shortly afterwards. There was hemorrhage of at least 1500 cc. during the delivery. Mrs. Anthony returned to the ward at 3:00 A.M. Her pulse was weak, rapid and slightly irregular, blood pressure 110/80. A transfusion of 500 cc. of blood was given. She slept fitfully and her pulse remained irregular throughout the night. Ergometrine 2 mgm. was given intramuscularly at 6:00 A.M. and 8:00 A.M. Her blood pressure rose to 138/98. She was unable to void.

She was catheterized at 9:30 A.M. and 300 cc. of urine were obtained. There was no excessive vaginal bleeding. Her skin was very itchy, her temperature was elevated to 100° and she was very restless. Since she was unable to void by 9:00 P.M. of that same day, catheterization was again carried out but there was no return flow then and she did not void during the night. A Foley catheter was inserted the morning of her second postpartum day but again with no return of urine.

Laboratory findings showed the urea nitrogen content of the blood to be well above the normal reading (12-14 mg. per 100 cc.). The nitrogen content continued to rise finally reaching 244.7 mg. The hemoglobin content (normally 80-100%) showed a steady drop to 60% with a corresponding decrease in the carbon dioxide combining power

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of the blood. Normally the combining power is over 50 volumes — that is, the blood serum can take up 50 cc. or more of the weak acid formed by the carbon dioxide in solution per 100 cc. of serum. The combining power of Mrs. Anthony's blood serum dropped to 24 volumes. Her blood calcium level also dropped to 4.8 mg. (normal 9.8 mg.).

The urinalysis report indicated the presence of red blood cells, pus clumps, albumin and epithelial cells.

NURSING CARE

Mrs. Anthony required expert and intensive nursing care. Her apathetic, rather depressed mental attitude called for a cheerful environment although quiet was also essential. Visitors were encouraged to remain for short periods only and were warned to avoid disturbing Mrs. Anthony emotionally.

She offered no resistance to the necessary treatments but required a tactful approach, again from the point of view of encouraging her and trying to instil a more definite will to live. Being extremely ill she was unable to assist in caring for herself in any way. Diarrhea developed and perineal and back care were required several times a day since Mrs. Anthony was incontinent.

Blood transfusion became a necessity and a great deal of difficulty was experienced in obtaining compatible blood. In all, she received six bottles of whole blood.

Penicillin injections were started but within a week an extremely irritating rash had developed over her body. The pencillin was discontinued and calamine ointment was used to relieve the skin irritation. An indwelling catheter was used to prevent urinary incontinency, obtain accurate readings of urine output and to prevent any further skin irritation due to incontinency. The catheter was drained every four hours and irrigated with zephiran chloride solution.

Mrs. Anthony's mouth became very dry and a large herpes developed on the left angle of the lower lip. Conscientious and frequent mouth care was absolutely essential to her comfort and to prevent any further oral infection.

Restlessness and muscular twitching were added to her other symptoms, requiring the administration of chloral hydrate and calcium gluconate (10 cc. of a 10% solution) to quieten her. Kaopectate was given to help control the diarrhea but unfortunately was of no value. Lung sounds suggestive of pneumonia appeared.

The calcium gluconate was again given in an effort to control the increasing muscular irritability and ACTH 25 mgm. in 50 cc. of 5% glucose in distilled water was administered for five consecutive days. Cortisone 200 mgm. intramuscularly was substituted for ACTH on the sixth day. Gastric feedings with high carbohydrate content, sodium chloride, potassium chloride and soda bicarbonate were given each day in addition to water to maintain body fluids and electrolyte balance. The urine output was very inadequate ranging from 57 cc. to no output at all.

In spite of all efforts, Mrs. Anthony's condition deteriorated steadily. A vaginal and nasal hemorrhage developed suddenly and she died shortly afterwards. Postmortem examination revealed a uterine hemorrhage and necrosis of both kidneys.

This was a tragic example of the results of inadequate prenatal care, especially where a difference in Rh factor is concerned. It was felt that this was a case of inevitable stillbirth. Early termination of the pregnancy when the symptoms of blood incompatibility first developed might have saved the mother's life.

The responsibility for preventing such occurrences lies partly with the community but very largely with members of the nursing and medical professions. The individual community should recognize the need and provide the facilities for prenatal clinics requiring little or no fee. It then becomes a matter of education of the public by nurses and doctors concerning the value of adequate prenatal care, especially where the Rh negative mother is involved. In some instances, depending on the individual, considerable urging may be necessary by the public health nurse in the district or there should possibly be some type of follow-up program from the clinic or doctor's office when the pregnant woman fails to reappear for regular check-up.

Placenta Previa with Afibrinogenemia

Sister Mary Patrick

Social Background

Mrs. Brent, aged 38, a quiet, determined person, entered the hospital late one evening with vaginal bleeding. This admission occurred two weeks in advance of her expected date of confinement. Born and raised on a farm, she was the mother of 5 children, ranging in age from 2-15 years. In her childhood, Mrs. Brent had had polio, and at the age of 14 received surgical treatment for a resultant paralysis of the abdominal and left leg muscles and a residual weakness of the right leg. Since that time, she has walked with a limp somewhat resembling the gait of a person with congenital dislocation of the hip. However, despite this disability, she has been able to do most of her own housework.

From her general appearance and that of her husband, coupled with their apparent congenial mutual relationship, it may be assumed that she was a warm and efficient homemaker. Socially, Mrs. Brent's community interests were somewhat limited, being confined to membership in the P.T.A. — a fact that might be attributed to her physical handicap. Occasionally she and her husband attended a movie but for the most part they spent their evenings with their children, engaging in simple, homey recreation. Their family life was warm and closely knit.

Mr. Brent was a 44-year old truck driver with an eighth grade education. He earned about $350 a month. This income was supplemented by disability insurance amounting to $100 a month which he received for wounds incurred during World War II. This disability amounted to the loss of the major portion of his left foot and all of the toes on his right foot, a condition resulting in a moderate limp. He had an easy-going manner and was devoted to his wife.

Medical History

Between the years 1941-53, Mrs. Brent had five pregnancies, four of which had a normal course. However, the second of these pregnancies was complicated by placenta previa. Delivery was carried out by version and breech extraction and the baby was in poor condition. The child improved and eventually lived. The mother recovered after her delivery without blood transfusion or special therapy.

With this present pregnancy, Mrs. Brent saw her doctor at six months gestation. She had an entirely normal prenatal course, with the exception of a slightly elevated blood pressure. This she had also had with her other pregnancies.

At the time of her admission on this occasion Mrs. Brent said that about 8:30 P.M. she had begun to bleed slightly and had retired for the night. About a half hour to 45 minutes later she felt a sudden gush of blood. Up to this time she had had no pain. She notified her doctor, who advised her to enter the hospital immediately. On admission, she was bleeding moderately — a condition which continued to increase. Her blood pressure was 120/90, and her pulse was strong and regular. A perineal preparation was done, but the usual enema was not given. A rectal examination revealed 6 cm. dilatation, a soft, spongy mass being palpable. The doctor diagnosed placenta previa.

Definition

Placenta previa may be defined as "a development of the placenta in part or entirely in the lower uterine segment."

> There are two types — total, in which the os is entirely covered, and partial, in which the os is only partially covered. It is generally conceded that placenta previa is caused either by a primary low insertion of the ovum on or near the internal os with development of

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the placenta in the capularis and its growth over the internal os or it is due to some unknown cause in which the ovum continues down the uterine cavity and does not attach itself until it approaches the internal os.

The most constant symptom of placenta previa is hemorrhage occurring usually in the last three months, and most commonly in the eighth. Other symptoms include blood-tinged serum which indicates a clot formation over the internal os; a history of threatened abortion in the early months of pregnancy; premature rupture of the membranes, and labor.

The diagnosis of placenta previa is based on unexplained uterine hemorrhage in the third trimester. The vaginal examination reveals placental tissue over the os. The doctor usually determines by vaginal examination whether the condition is partial or complete. A cystogram is done to determine the site of the placental implantation, while arterial visualization may be done for the same purpose. A differential diagnosis includes rupture of the marginal sinus, rupture of the uterus, advanced ectopic pregnancy and abruptio placenta.

In deciding the course of treatment, various factors are considered by the doctor — the condition of the mother and the child; the amount of blood lost by the mother; whether or not the mother is physically able to undergo a Caesarean section; and the precautions to be taken to save the life of the child if it is not already dead. After labor has begun, the doctor remains with the patient until she has been delivered and is out of danger. Every effort must be made to prevent bleeding.

Postpartum complications include embolism and a ruptured uterus, because the musculature is weakened by the ingrowth of placenta. Postpartum hemorrhage is common. The lower uterine wall is thin and weak. The muscles contract tardily and close the venous sinus imperfectly. The prognosis for a patient with placenta previa is good if the condition is determined early and if there are no complications. However, the prognosis for the child is poor, as the baby is usually asphyxiated.

Mrs. Brent's Care

After the doctor had established the diagnosis of placenta previa, Mrs. Brent was taken to the delivery room. Meanwhile, blood typing and cross-matching were being done. Mrs. Brent was found to be group A, Rh positive. Usually, in placenta previa, blood is administered, the baby is delivered, oxytocics are administered, bleeding is controlled, and the patient follows a normal postpartum course. However, an unforeseen complication was discovered by the laboratory technician in the process of doing the typing and cross-matching. Mrs. Brent was found to have afibrinogenemia, when, in centrifuging the blood, the technician noted that no clot was formed.

During the time that the technician was testing the blood for fibrinogen, the doctor in the delivery room was attempting to deliver the baby. He felt it necessary to do a version and breech extraction in an attempt to save the unborn infant. Upon rupturing the membranes, a prolapsed cord was found. The doctor was able to deliver — with effort — one foot of the child. With considerable manipulation, the other foot and arms were delivered, and with but little effort, the head. Attempts were made to revive the baby but these were unsuccessful. The placenta came immediately in a Schultz-type delivery but Mrs. Brent continued to bleed profusely.

About this time, the laboratory technician called to notify the doctor of her findings. He immediately ordered fibrinogen — a substance obtained from human blood and given to replace a lack of this substance. Since a deficiency of fibrinogen is rare, the substance was not on hand in the hospital. The technician made arrangements with the highway patrol to transport the required amount from a nearby hospital 30 miles distant. A transfusion was started in both arms — a cut-down on the vein in the right arm being done.

Mrs. Brent's blood pressure dropped to 60/30, and she was rapidly going into shock. Evaluation of Mrs. Brent's condition was done by a senior consulting doctor. He recommended an immediate hysterectomy. While preparations for surgery were underway he repaired a cervical tear, which, he felt, might be the cause of the patient's bleeding.

AFIBRINOGENEMIA AND BLOOD CLOTTING

In the clotting of blood, prothrombin is inactivated by anti-prothrombin (heparin). Thromboplastin neutralizes anti-prothrombin and releases prothrombin. Prothrombin plus calcium produces thrombin, and thrombin plus fibrinogen produces a clot.

There are two theories as to what might happen in afibrinogenemia — a condition specific to a given situation, usually following a calamitous dissolution of the blood coagulating mechanism. One is that placental, pulmonary or other thrombolytic substances enter into the circulation, thereby producing a diffuse non-thrombotic precipitation of the plasma fibrinogen that destroys normal blood clotting. On the other hand, the condition may be attributed to the presence of fibrinolytic agents in the blood stream that prevent the formation of an adequate fibrin clot.

TREATMENT

Immediately upon receiving the two units of fibrinogen, the technician gave one unit intravenously. For a short time it seemed that Mrs. Brent's bleeding had been controlled and that a hysterectomy could be averted. Her blood pressure climbed to 120/30. Six pints of blood had already been administered, and two units of fibrinogen. However, after about 30 minutes, it became evident that Mrs. Brent was bleeding internally. Her blood pressure again dropped to 60/30, her pulse rate was 120 and her respirations were 22. The doctor decided that a hysterectomy would have to be done immediately. Mrs. Brent went to the operating room at 1:30 A.M. and a total hysterectomy was performed.

At operation, a hemorrhage was found throughout the uterine wall and under and about the bladder. It was also found that the tear in the cervix, while not involving the vagina, extended up about two inches into the case of the broad ligament. It was from this area that the bleeding was coming at a rather brisk rate. The doctor felt that if Mrs. Brent had not been suffering from afibrinogenemia, this tear would probably have healed by itself and would have gone undiscovered, since there were no major vessels involved.

Mrs. Brent returned to her room in fair condition. Her immediate postoperative care included constant observation until she was fully conscious; checking her blood pressure which was now 100/80; taking her pulse and respirations every 10 minutes until she was conscious. A close check was kept on the surgical dressings, as there was persistent oozing from the wound. Mrs. Brent was placed in a Trendelenberg position and remained in this position until late the following evening.

After she had been back in her room for approximately three hours and her urinary output was noted to be scanty, a urinalysis was done to determine the possibility of renal shutdown. This urinalysis showed 4 + albumin; 20-30 white blood cells; some red blood cells and numerous and various casts. This indicated marked renal damage and confirmed the presence of a renal shutdown. When there has been a severe loss of body fluid and its constituents, the body, in an attempt to prevent a further loss, clamps down on the renal vessels, thus preventing kidney function. This might be called a body defense mechanism. Immediate treatment instituted for this serious complication included nasal suction, which was started to rid the system of the excess potassium. If not removed, it would result in further kidney damage. An indwelling catheter was also inserted.

Because Mrs. Brent's blood still did not clot normally she received two more units of fibrinogen. Her blood pressure began to rise from 100/80 to 222/138. This elevated pressure was the result of the renal shutdown. Her blood pressure continued to fluctuate between 140/90 and 190/124, until it finally stabilized at 154/94.

Every 12 hours she was given 100 mg. of erythromycin and every 6 hours 2 cc. of dicrysticin in an attempt to control and prevent infection. Every 4 hours, thiosulfil gr. 1 was given as a urinary antibiotic. Morphine sulfate gr. ⅛ was ordered for pain.

By the next evening, a good urinary output had been established, and the symptoms of renal shutdown became less severe. The following morning, the urinalysis was normal with only a few white blood cells and a trace of albumin. During the course of Mrs. Brent's stay in the hospital, the urinalysis again showed white blood cells, casts, red blood cells and albumin, but this was apparently of no consequence. The gastric suction was removed on the second day postoperatively.

CONVALESCENCE

At the close of the third postoperative day, Mrs. Brent had received a total of 13 pints of blood and five units (five grams) of fibrinogen.

She was given intravenous fluids, 2000 cc. per day, for the first three days postoperatively. On the third day, she began to take small amounts of food, and by the fifth day she was on a general diet. She continued to improve, and on the thirteenth postoperative day, she was discharged from the hospital in good condition.

An important aspect of her care — in addition to the routine nursing procedures that included her daily bath, massage, catheter irrigations, accurate recording of intake and output, and assistance with ambulation — was her need for help in accepting the loss of her child and of her power of reproduction. It was also necessary to help Mr. Brent accept the loss of his child, and to assist him to a sympathetic understanding of his wife's loss. Mrs. Brent felt the loss of her baby keenly but because of her experiences and suffering in earlier life, she was able to make the adjustment and to be of assistance in her husband's adjustment.

Owing to the fact that this pregnancy was complicated by afibrinogenemia, it was remarkable that Mrs. Brent was able to leave the hospital alive. Her survival was undoubtedly due to the conscientiousness of the laboratory technician and the rapid action taken by the doctor and the nursing staff. A further notable factor in this battle between life and death was the fast and efficient cooperation of the highway patrol in transporting the fibrinogen.

Alphabet for a Happy and Healthy Pregnancy

ANN VALENTINE

P for *p*revention of any unnecessary conditions which occur during pregnancy, but could be easily avoided.

R for *r*egular checkups with the doctor which should take place every three weeks for the first eight months.

E for *e*xercise which should not be too strenuous, but daily walking with plenty of fresh air is encouraged.

N for daily *n*ap which should be taken for a few minutes every afternoon, to prevent complications from overtiredness.

A for *a*ppetite which should be for foods high in minerals, proteins and vitamins, but low in carbohydrates. One quart of milk and six to eight glasses of water should also be included.

T for *t*oxemia — a condition in pregnancy that is very dangerous and serious, but one that can be avoided with proper care.

A for *a*lertness to danger signals such as excessive weight gain, edema, albumin in the urine, hypertension, frequent headaches and visual disturbances.

L for *l*abor, the process by which the child is born into the world. The expectant mother should know and understand the different stages.

C for *c*lothes a pregnant woman should wear — not too tight, light in weight, and including a proper maternity girdle and brassiere.

A for *a*nxiety which is a natural reaction of both parents in anticipation of the new baby. Guard against over-anxiety which may cause nausea or other nervous reaction.

R for *r*est which is most essential. Eight to ten hours of sleep are required every night.

E for the *e*verlasting happiness your baby will bring to you if the above rules are carried out.

This alphabet was devised by Miss Valentine when a senior student of Holy Cross Hospital, Calgary.

Les Besoins Nutritifs Durant la Grossesse

GEORGE H. BEATON

IL SAUTE AUX YEUX QUE, pour se développer, le foetus a besoin d'un apport de nourriture qui s'ajoute aux besoins de la mère. Il faut se rappeler que, durant cette période de temps, le bébé en formation se comporte comme un parasite, du fait qu'il tire sa nourriture de l'organisme de sa mère et qu'il ne lui rend rien en retour. Si la nourriture de la femme enceinte est insuffisante, ses tissus s'épuiseront à satisfaire les besoins du foetus, ce qui est au grand désavantage du bébé aussi bien que de la mère. Mais il n'est pas aussi manifeste que, en raison des changements métaboliques qui se produisent durant la grossesse, les besoins nutritifs de la mère s'accroissent aussi. Une modification précise du métabolisme maternel s'opère vers le début du troisième trimestre de la grossesse. Plusieurs changements se sont alors manifestés dans le métabolisme des protéines, de même qu'une accélération appréciable de la croissance du foetus. Ces modifications peuvent êtres dues à l'action d'une hormone de croissance sécrétée par le lobe antérieur de la glande hypophysaire.

Vu que les tissus mous se composent surtout de protéines, dont la proportion n'est dépassée que par l'eau, il ne fait aucun doute qu'il doit se produire une augmentation notable des besoins en protéines pour satisfaire aux besoins du foetus en croissance. Durant les cinq ou six premiers mois de la grossesse, le foetus ne croit que lentement mais durant le dernier trimestre, sa croissance est active et la mère doit augmenter sa consommation d'aliments de façon à suffire aux besoins de son bébé. A sa naissance, le nouveau-né moyen renferme près de 450 grammes de protéines, ce qui signifie que le foetus doit obtenir cinq ou six grammes de protéines par jour durant la deuxième moitié de la grossesse. Il faut un autre supplément de protéines correspondant à l'accroissement de volume de l'utérus et des seins. Les changements métaboliques associés à la grossesse nécessitent en outre un surcroit de protéines. Probablement sous l'action d'une hormone de croissance, la mère assimile autant de protéines qu'il s'en fixe dans le foetus. Il convient aussi de considérer le genre de protéines fourni. Dans la formation des protéines tissulaires, il faut absolument un rapport de tous les acides aminés essentiels. Dans les conditions de vie au Canada, cet apport s'obtient le plus facilement par la consommation de protéines d'origine animale. C'est pourquoi les femmes enceintes devraient consommer du lait, du fromage, de la viande et des oeufs. En plus de fournir des protéines, ces produits alimentaires sont de bonnes sources d'autres éléments nutritifs nécessaires. Il est habituellement conseillé, durant la deuxième moitié de la grossesse, d'accroître de 25 grammes, environ, la consommation quotidienne de protéines, ce qui porte la quantité globale requise durant cette période de temps à 80 grammes par jour, environ.

Le cas du calcium présente une certaine similitude. Durant son développement, le foetus accumule 30 grammes de calcium, environ. On calcule que le besoin du foetus en calcium s'élève à peu près à 0.3 grammes par jour durant la deuxième moitié de la grossesse. Il y a aussi de bonnes indications que la mère assimile un excès de calcium durant cette période de temps, peut-être en prévision de la lactation. Un supplément d'un gramme de calcium par jour est alors conseillé, ce qui porte la consommation globale à 1.5 gramme par jour, environ. Au Canada, les seules ressources pouvant fournir cette quantité de calcium sont le lait et le fromage. Pour obtenir un apport suffisant de cet élément, il faudrait donc consommer une chopine et demie de lait par jour.

Les besoins de phosphore sont à peu près les mêmes que pour le calcium ; à sa naissance, le foetus contient

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20 grammes de phosphore, environ. Plusieurs aliments usuels assurent un apport suffisant de phosphore. En plus du calcium et du phosphore, la formation du squelette chez le foetus en croissance exige un apport de vitamine D. Celle-ci ne s'obtient pas des produits alimentaires de consommation courante au Canada, il faut donc l'obtenir sous forme d'huile de foie de poisson ou de concentrés de vitamine D. La consommation quotidienne recommandée de vitamine D, durant la seconde moitié de la grossesse, est de 400 unités.

Souvent, on s'inquiète beaucoup d'une chute du taux d'hémoglobine, durant la grossesse. C'est qu'on oublie souvent qu'une grossesse normale provoque une dilution appréciable du sang, ce qui simule l'anémie. C'est une conséquence normale de la grossesse, sans aucun rapport avec une carence de fer. Au cours de la grossesse, le besoin de la mère en fer est moindre, simplement du fait que les menstruations cessent et qu'il n'y a plus de perte consécutive de fer. Par ailleurs, il faut du fer pour la formation du sang dans le foetus en croissance et comme réserves dans les tissus. D'habitude, une consommation quotidienne de 15 mg. de fer est censée suffire durant la seconde moitié de la grossesse. Cet apport de fer peut facilement s'obtenir en augmentant la consommation de viande, d'oeufs et de légumes, sans recourir à un supplément de fer.

Un autre élément nutritif qui a probablement une certaine importance dans le régime alimentaire de la femme enceinte, c'est l'iode. Des signes probants indiquent qu'il se produit un surcroît d'activité thyroïdienne durant la grossesse humaine et que, par conséquent, le besoin d'iode est accru. Ce besoin accru d'iode est peu inquiétant au Canada où la vente obligatoire du sel de table iodé assure un généreux apport d'iode. Cependant, il peut être important d'en tenir compte, lorsque la grossesse entraîne une réduction de la consommation de sel.

La consommation globale d'aliments calorigènes a aussi son importance chez la femme enceinte. On ne peut encore dire si les changements métaboliques qui se produisent chez la femme enceinte entraînent naturellement une augmentation des besoins caloriques, mais de nombreuses expériences sur animaux ont indiqué qu'il faut un apport calorique suffisant pour permettre l'assimilation optimum des protéines. A mesure que la mère augmente de poids, ses besoins caloriques doivent aussi augmenter, vu que ces besoins, règle générale, sont proportionnels au poids corporel. Par ailleurs, si la mère passe d'une grande activité à une vie plutôt sédentaire, ses besoins caloriques peuvent diminuer. En outre de ces changements dans les besoins maternels, la mère doit consommer assez d'aliments calorigènes pour satisfaire les besoins caloriques de la formation des tissus foeteux. Comme règle générale, on recommande un supplément quotidien de 500 calories, en sus des apports normaux, durant la seconde moitié de la grossesse. On pourra obtenir un tel supplément en consommant les aliments déjà conseillés. Lorsque cette question se pose, il faut tenir compte du poids de la mère au début de sa grossesse. Il est préférable d'éviter d'engraisser outre mesure durant la gestation et il peut même falloir suivre un régime amaigrissant plutôt que d'accroître la consommation d'aliments caloriques. Dans ce cas, il faut dresser le régime alimentaire en mettant beaucoup de soin à determiner les autres besoins nutritifs.

Malheureusement, si l'on excepte la vitamine D, les exigences vitaminiques de la grossesse sont beaucoup moins connues que les besoins d'autres éléments nutritifs. D'après des expériences sur des animaux, il semble manifeste que des carences marquées de plusieurs vitamines peuvent avoir de très graves répercussions tant pour la mère que pour le foetus. Bien qu'il y ait peu de preuves à l'appui, l'opinion générale veut que, durant la grossesse, il y ait augmentation des besoins de vitamine B et de vitamine A, mais ces augmentations sont assez faibles pour que la consommation accrue des aliments déjà conseillés, ainsi que de céréales à grain entier, suffisent pour satisfaire ces besoins. Le besoin de vitamine D a déjà été précisé.

Extrait de "Notes sur l'Hygiène Alimentaire au Canada" publication mensuelle du Ministère de la Santé nationale et du Bien-Etre social, octobre 1956.

Etant donné que, dans l'ensemble, la grossesse pose certaines exigences nutritives, ce qu'il importe le plus de souligner, c'est que la femme enceinte doit modifier ses habitudes alimentaires. Il faut donc s'efforcer tout particulièrement de consommer des quantités suffisantes de lait, de fruits, de légumes, de céréales, d'oeufs et de fromage. D'autre part, il faudrait diminuer la consommation de gâteaux, de pâtisseries, de bonbons et d'autres aliments sucrés, ainsi que des aliments à teneur excessive en gras. A cette condition, il est possible d'accroître substantiellement la consommation d'aliments nutritifs essentiels sans provoquer d'augmentation indue du poids corporel. A moins que la femme enceinte ne reçoive des instructions minutieuses, il est peu probable qu'elle modifiera ses habitudes alimentaires dans ce sens. Si la future maman consent à modifier ses habitudes alimentaires, il n'y a pas de raison pour qu'elle ait recours aux suppléments de vitamines et de sels minéraux, à l'unique exception d'un supplément de vitamine D.

Night Receptionist's Prayer

Imogene Carpenter

When I'm up to my ears in trouble
With a census that just won't tally,
And the boys from Main Office intimate
That they work while I dilly-dally;
But I'm one "teeny-weeny" baby short
Tho' I check and then double-check —
So I count again, for the umpteenth time,
While the porter breathes down my neck.

When a patient comes in, and I call D.R.
To tell them the lady is here
Just like it's my fault that they're madly rushed,
The receiver bangs up in my ear.
I might want to curse at that short-tempered nurse
And her "telephone manners," so smelly
But the words go unsaid — I must smile instead —
Here's another gal, clutching her tummy.

There's no time to spare, so I grab a wheelchair
Dispense with "Admitting" claptrap,
"In the case-room this 'young'un' may make his debut —
He's not going to be born in *my* lap."
Hurry back to my office — resolved to relax,
But I'm too optimistic by far;
A man's yell shakes the building "Come quick!
Call the Doc."
"Our baby's arrived — in the car."
And they don't always come, just one by one,
But by two's and even three's —
One terrorized "teenage" — one nonchalant forty —
And one "Spik no Ingleez, please."
The first drowns her husband with buckets of tears,
Number Two (it's her tenth) says "I'll see ya."
While the third, with her arms raised to Heaven just screams
"Mama Mia! O Mama Mia!

The husbands, poor dears, when they're left all alone
Soon work themselves into a "tizzy."
Some just won't go home and all the night long
Walk in circles 'til I, too, am dizzy.
Pacing, chain-smoking, and tearing their hair
And haunting my desk for some "news"
'Til I solemnly swear "If it doesn't soon come —
I'm the one who'll be blowing a fuse."

Some do go home, where in comfort they wait
Close to the phone, you can bet
For every half-hour the same voice inquires
"Mrs. Jones had her baby yet?"
"She's progressing slowly," I tell him again,
"It will be a while yet," I explain;
But he's peevish, dejected — he expects nothing less
Than a bedside report — pain-by-pain.

When she wrote this "tribute" to her work, Miss Carpenter was working in Hamilton, Ont.

Register babies, assign all the rooms,
Tell the floor-nurse she's getting one more;
Be most careful each floor gets just one in its turn,
Or the nurses will be mighty "sore."
Regardless of how justly fair you have been,
Don't break your arm patting your back,
In the morning one floor grumbles "We get them all."
Do you wonder I'm all out of whack?

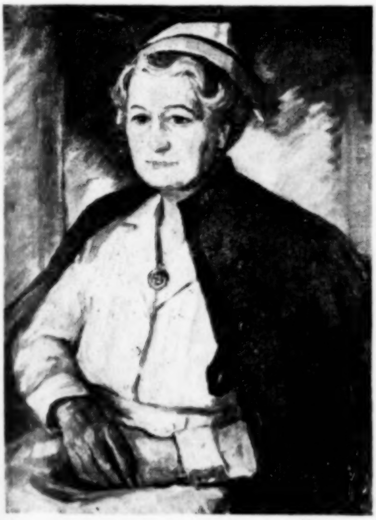
All the fathers come in when new babies arrive.
I direct them to floor and room.
Here's a party of six (only two may go up)
While the other four fuss and fume.
You may think they'll remain — but be on the alert
For they'll try all sorts of tricks.
And while you are keeping your eye on the gang — don't forget
You're supposed to make "Cotton Picks."

The telephone rings fifty times every hour.
For aside from husbands and mothers,
All the patients have fathers, friends, uncles and aunts
Cousins, neighbors, and sisters and brothers,
And I'm plagued by that — blank — blank — infernal machine
(Oh! Excuse me, Mr. Bell!)
'Til some night, I'm afraid, I'll just grab the thing up
And tell all of them "Aw! Go to bed!"

So; if sometimes I'm cranky and my manner's abrupt —
(Note — to students, R.N.'s and M.D.'s)
Most times (so I hope), I'm a pretty good guy,
So pay no attention, please!
I promise, dear Lord, to keep plugging along;
I'll get rid of this pen filled with acid;
I won't ask You for more pairs of hands and feet,
If You just keep me sane, Lord. — ***and placid.***

Oil Painting Presented

THE PRISCILLA CAMPBELL nurses' residence of the Public General Hospital, Chatham, Ont., has a new oil painting hanging in its main lounge. It is an excellent likeness, painted by Clare Bice, curator of the London Art Gallery, of the woman for whom the residence was named and who played such a dominant role in the growth and development of the hospital during the past 35 years, **Priscilla Campbell.**


(Dolamore)

PRISCILLA CAMPBELL

The portrait was a gift to the hospital from the medical staff. In making the presentation, Dr. Laird Story said that the medical staff felt that the service Miss Campbell had given to the hospital and the community could not be passed over lightly. At the banquet honoring Miss Campbell, the chairman of the hospital Board of Trustees, in accepting the gift noted that the addition of the picture to the residence "will mark a further tribute to one whose whole life has been devoted to the service of humanity."

Retired from active duty as administrator of Public General Hospital in April 1957, Miss Campbell, a graduate of Royal Victoria Hospital, Barrie, Ont., continues to take an important and active interest in matters relating to health. She is one of the two women members on the Dominion Council of Health. She is residing in Chatham to be near her scores of friends.

Go often to the house of thy friend — for weeds choke the unused path. —Emerson

RESEARCH

Clock Watching

ELSPETH WALLACE

A Report of a Nursing Study Carried Out at the Holy Cross Hospital, Calgary, Alta.

TODAY, AS THE DEMAND for nursing service continues to rise steadily, we must establish satisfactory standards of nursing care. To set up standards that will provide enough nursing hours to make a high caliber of therapeutic care possible, we must be familiar with the needs of our patients and the factors beyond their immediate needs which influence the time required to give care. A study of our present patterns of nursing care and ward activities could be the first step in setting nursing service standards.

Such a study was conducted at the Holy Cross Hospital during the fall of 1956 and the winter of 1957. The aim of the study was to investigate the quantity of nursing care being given, the factors which influence the time needed to give this care and the utilization of the available nursing hours and personnel. It was hoped that the study might help to establish a satisfactory standard of nursing care and point up possible methods of improving nursing service.

No attempt was made to measure the quality of care. This type of study is not designed for that purpose. The shades of meaning and degrees of quality of nursing care, cannot be represented by figures and communicated in a report of this nature. It must be remembered that quality is not an intrinsic part of quantity. Quantity is rather the safeguard of quality.

This article attempts to set forth the methods and mechanics of the study, some of the observations from the study and the value of the study to the Holy Cross Hospital.

HOW THE PROBLEM WAS ATTACKED

The problem was broken into five components. These were:

1. Calculations of the nursing hours available, for each patient on each tour of duty and for 24 hours.
2. Observation and recording of how the hours were used.
3. Examination of the amount and type of nursing care given by each team member.
4. Investigation of the factors influencing the patients' nursing needs.
5. Identification of the ward activities that influence the time needed to give nursing care.

BASIC ASSUMPTIONS

To examine the components of the problem certain basic assumptions had to be accepted:

1. Functions that comprise nursing care may be grouped into various categories by an observer.
2. Patterns of nursing care and record of ward activities shown by the data collected are usual for the situation.
3. Nursing care needed by a patient is influenced by age and degree of physical dependency.
4. Time needed to give nursing care is affected by ward activities, such as, physicians' rounds, emergency situations and visits of personnel from other departments.

Mrs. Wallace, a graduate of Hamilton General Hospital, is Associate Director of Nursing Service at the Holy Cross Hospital, Calgary, Alberta.

METHOD OF INVESTIGATING

The study was made by a graduate nurse who was familiar with the patients in the wards, their treatments and nursing needs. The nurse had no other responsibilities during the study and thus was able to observe and collect data on all tours of duty. The hospital administrator and the director of nursing guided the study and assisted with the interpretation of the data. No special preparations were made on the ward being studied. Conditions were as nearly normal as possible.

The daily time sheet provided the data to compute the number of working hours. Holy Cross Hospital operates on a 40-hour week tour of duty. The head nurse and the assistant head nurse were not included in the calculations of these hours. Two methods were used:

Uncorrected Nursing Hours: (a) The number of workers on duty on the ward in each 24-hour period was multiplied by the number of hours worked by each; the product was divided by the midnight patient census. This figure was called the uncorrected daily nursing hours.

Each worker spends a percentage of time while on duty not giving nursing care. Coffee breaks, recollection of skills, planning of care, and personal needs all deduct from the actual available nursing hours. It was observed that approximately 30 minutes in every eight hours was thus lost.

The student nurse, as a learner, does not have the same service value as the graduate nurse. The student contribution in nursing hours was expressed as a percentage of the graduate nurses' hours. The figures represented a quantitative replacement value and did not express quality. These percentages were called, as in other studies of this nature, *effectiveness factors.* The effectiveness factors estimated were: Junior students after four months in the school — 30 per cent; intermediate — 65 per cent; and senior students — 80 per cent. For example, the senior student's contribution to nursing hours in one tour of duty would be 6.40 hours.

(b) *Corrected Nursing Hours:* To compute the corrected hours available the following formula was used: No. of students x appropriate effectiveness factor x 8 + No. of other workers x 7.5 divided by the midnight patient census.

Direct observation of nursing activities was used to investigate the utilization of available hours of care. Both constant observation of a group of patients receiving nursing care and spot studies of various activities were employed. During the study of a single ward, at least 35 patients of all types were observed on each tour of duty. During visiting hours and when it was essential to good nursing care the observer left the patient's unit.

Each nursing function performed for the patient was recorded, showing which team member was involved, what was done and how much time was used. The nursing activities were grouped by the head nurse and the observer into the following categories for recording:

1. *General nursing care* — Bathing of patients, use of comfort devices, ambulation and meeting of miscellaneous requests.
2. *Medications, tests and treatments* — Preparation and passing of medications, collection of material for clinical tests, assisting other workers to collect specimens, change dressings, perform any treatments, observe and record T.P.R. and blood pressure.
3. *Nutrition* — Preparation and passing of trays, feeding patients and distribution of fluids.
4. *Recording* — Keeping the patients' chart, notations and Kardex and making out requisitions for supplies.

The patients were divided into four groups for study according to their degree of physical dependency. Group 1 included those patients who required little professional nursing care. Group 2 and 3 included those requiring minimum and moderate amounts of care. Group 4 was reserved for those patients requiring intensive and complicated nursing care.

The physical aspects of the patients' conditions were primarily considered in this classification. The emotional aspects of illness vary from hour to hour and are more difficult to evaluate accurately. It was recognized that an extremely apprehensive patient though classified in Group 2 or 1, might require more care than a well-adjusted patient in the same group.

The patients were also classified

according to age. Both the patients being studied and the total ward population were arranged into age groups ranging from under 20 to over 90. Those were recorded in 10-year frequencies. At least 200 patients, over a period of four weeks, were in each unit studied.

The grouping of the patients on the pediatric unit was done with the help of the clinical instructor.

Spot checks were employed to study nursing activities which occurred repeatedly. Such procedures as admission and discharge of a patient, preparation of a patient for surgery; and changing of a surgical dressing were observed 25 times so an average "time spent" could be assigned to them.

Observation of the activities in such special departments as the central dressing room and the recovery room showed the amount of care given to each patient by these departments.

Examination of the patients' records and hospital records points up the ward activities which influence the time needed to give nursing care. The following items were checked on each unit:

Admissions and discharges: These were tabulated daily for two months (one summer and one winter month). These were reported to show the day on which they occurred, the average number in one week and in 24 hours.

Length of patient stay in hospital: This was reported for 250 patients. The data were organized to show the percentage of patients staying from one to seven days and in weekly frequencies up to eight weeks.

Number of physicians visiting the ward: A daily check was made during the study to show the number of different physicians using the ward facilities.

The number of physicians' written orders: The number of orders written for each patient on the ward in 24 hours was counted. These data were reported as an average number per patient and as a repeated or single order.

The number of medications: The number of oral and parenteral medications prepared and passed was checked for each 24-hour period. The reports showed the number of patients receiving medications, the number of different medications given and the number of times each medication was passed.

The number of patients going to surgery: A record was kept of these for each day of the week for four weeks. The percentage incidence on each day of the week and the average number for 24 hours were recorded.

The number of emergency situations: An emergency situation was defined as an unforeseen occurrence requiring immediate action. Unbooked admissions and sudden changes in patients' conditions were examples of emergencies. These were counted and classified for four weeks.

Although visits by personnel from other departments, answering visitors' questions and telephone conversations and many other important items influence the time needed to give patient care these could not be studied accurately.

SOME OBSERVATIONS

These are some of the more interesting observations from the study and serve only to illustrate the type of information the Holy Cross Hospital gained. Since the information obtained is specific to one situation we feel it is unnecessary to reproduce the entire mass of information in this article.

The examples included here were chosen from the study of a surgical ward. This 43-bed men's surgical ward averaged 91 per cent occupancy with the census ranging from 37 to 41 during the period studied.

The nursing hours available per patient ranged from 3.07 to 3.92 using the corrected hours.

Patients in Group 1 received an average of 1.50 hours, while those in Group 4 received an average of 4.26 hours of care. The patients in the age groups above 70 years received more than those in the younger age group, regardless of degree of physical dependency.

For the purpose of the study a professional worker was defined as a graduate or student nurse; all other team members were considered nonprofessional workers. Twenty-eight per cent of the care given an "average" patient in Group 1 was done by a professional worker; an "average" patient in Group 4 received 58 per cent of his care from a professional worker. However, on a women's surgical unit the patients in Group 4 received 86 per cent of their care from a professional worker. The use of orderlies to do many treatments and much nursing care accounted for the lower percentage of professional care given to the male patient.

Fifty-nine per cent of the surgical patients remained in hospital less than 8 days. On this surgical unit there were an average of 3.5 admissions each day, and 25 per cent of all admissions occurred on Sunday. The time taken to admit a patient ranged from 6 to 23 minutes.

An average of 31 different physicians used the ward to treat patients. In 24 hours these physicians wrote an average of 104 orders all representing some change in the plan of nursing care.

In 24 hours, 23 different drugs were administered in 98 administrations. During the four-week study, 80 patients were sent to the operating room, 26 per cent of them on a Monday. Each patient needed from 15 to 56 minutes to be prepared for surgery with the average being 35 minutes.

The care of surgical wounds averaged 15.6 minutes per dressing. This ranged from 37 minutes to irrigate a colostomy to 9 minutes for a cholecystectomy dressing. The surgical dressings were changed or checked from one to six times in each 24-hour period.

Because of the complexity of nursing care and the number of workers contributing to this care, it is necessary to keep detailed patient's records. The nurses spent a relatively large portion of their time maintaining patients' charts, making notes on the Kardex, and giving and receiving verbal reports. This averaged 26 minutes per patient in eight hours.

WHAT WAS LEARNED

Aside from gaining greater insight into the quantity of care now received by our patients, information was gained in certain specific areas.

The utilization of available hours: Professional workers were found to be performing many duties which were within the range of a non-professional worker. Non-professional workers could be used more effectively if they were given more specific guidance, thus lightening the load of the professional worker.

A large percentage of what is considered highly complex nursing is given by orderlies on men's wards. This illustrates once more the need for effective in-service education for the latter group.

Other sources of improvement were found, some easily effected, some requiring long-range planning.

Shortcomings of such a study: The use of a single observer did not allow 24 consecutive hours of care to be observed. If this were possible a more complete picture of the care received by a group of patients could be reported.

The use of an entirely physical classification of patients into degree of illness is not satisfactory if we hope to give total nursing care.

The reporting of the data collected and the method of observation would be more successfully carried out by a person trained in this field, (and assisted by a nurse) than by a nurse alone.

The Holy Cross Hospital has found this study to be of certain definite value in assessing and improving patient service. It is hoped that this presentation may be of help to others contemplating this type of study.

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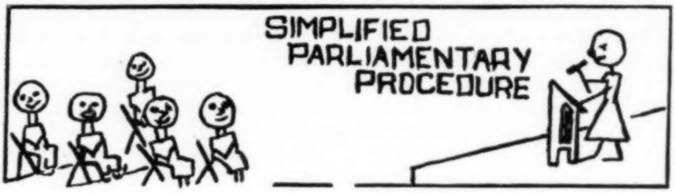


III Main Motions

Many of us have some rather casual habits when the business of the association is being considered. To some it seems so much simpler to talk over and around a topic until it appears fairly certain what it is that the majority wishes to do, then condense that proposed action in a motion for the record.

The greatest weakness of this haphazard approach to a matter of business is that, since no clearly stated proposition has been put before the group, many members do not have the remotest idea of where the discussion is leading. In fairness to every member who is present, and especially to the secretary who has to record the business, every new subject brought before the group should be introduced in the form of a simple main motion.

The following steps are taken to secure action on a main motion:

1. A member (a) *Stands and addresses the presiding officer* by her official title: "Madam President" or "Madam Chairman." This indicates to the presiding officer that the member wishes to speak — to "have the floor."

(b) *Awaits recognition.* The chairman may use the member's name, nod to her to proceed, or any similar indication that she may speak. In a large meeting where the chairman may not know all of the members, it is customary for the member, when recognized, to give her name (slowly and clearly, please, for the secretary's sake!) and the area she represents. If more than one member rises at one time the chairman uses her judgment in giving recognition. When that is given, other members should be seated and await their turn.

(c) *States the motion:* "I move that . . ." That is the only correct phraseology to use in making a motion. Such starts as "I would like to move," "I make a motion to" "may I suggest that" "I propose that" should not be recognized by the chairman as motions.

2. Another member, without rising or gaining recognition, *seconds the motion.* Seconding a motion simply means that the member wishes the matter proposed to be discussed. If a motion is not seconded promptly, the chairman asks if any member will second it. If there is no response, the motion is automatically lost and may not be discussed.

3. The chairman immediately (a) *States the motion:* "It has been moved and seconded that this association purchase a television set for the nurses' home." (b) *Calls for discussion.* "Is there any discussion?" or "Discussion is in order."

After a motion has been stated by the chairman and thrown open for discussion it is no longer under the control of the mover. It is incorrect to refer any possible changes in wording to the mover. Parliamentary procedure provides the proper means to make any essential alterations through amendments. These will be dealt with next month.

The chairman is seated during the discussion. Any members taking part in discussion address their comments to the chair — not to their immediate circle. If the matter under consideration is somewhat contentious, it is quite acceptable for the chairman to request each speaker to state in her introductory remarks whether she is in favor of or opposed to the motion. The chairman then endeavors to strike an even balance by alternately calling on a proponent then an opponent.

Many organizations limit both the number of times an individual may speak and the length of time she may hold the floor. It is customary to give the mover a final opportunity to speak in support of the matter she has introduced before a vote is taken.

PRECEDENCE OF MOTIONS

Many organizations never venture past simple, general main motions. For those who do go beyond this point and for the many who should, an attempt will be made in succeeding articles to give a broader understanding of subsequent steps. There are many useful techniques that should become a routine part of the business of every group.

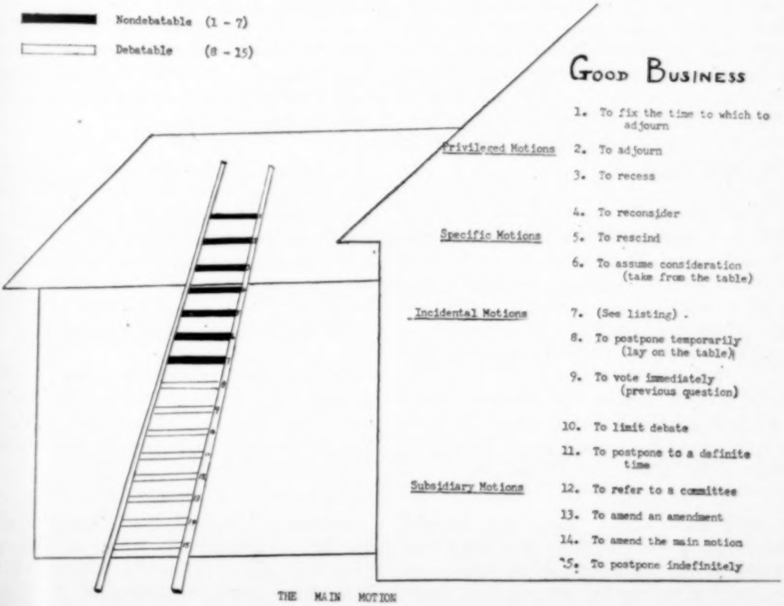
The accompanying illustration has been prepared to serve as our guide to good parliamentary usage. As one climbs a ladder, one generally goes up from one rung to the next. For our purposes, therefore, each rung is one step — one motion — higher than the rung that preceded it. Unlike a physical climb, it is permissible to leap over several rungs to reach a desired objective. However, having so jumped it is impossible to go back down the ladder to a lower rung. The first rule of precedence is, therefore, that *when a motion is before the assembly, any motion of higher precedence may be proposed but no motion of lower precedence may follow it.*

Eventually, a level on the ladder will be reached when no more motions are forthcoming from the group. Then the climb down is started. A pause must be made on every rung touched on the way up while the motion made there is disposed of. Stated as the second rule, *motions are considered and voted upon in inverse order to their proposal.*

There are several kinds of motions that call for an immediate vote, without any discussion taking place. These may be identified on our ladder by the black rungs. Conversely, the white rungs point to the motions that may be debated before a vote is called.

Starting at ground level with the basic or general main motion, there are eight *Subsidiary* motions that may be made. Next, there are four *Specific* main motions that relate to action taken at a previous meeting. Finally, there are three *Privileged* motions that conclude all business if passed.

A fourth group of motions takes precedence over the subsidiary motions but are lower down the ladder than the other two classes. Called *Incidental* motions they may arise at any time


Nondebatable (1 - 7)
Debatable (8 - 15)
GOOD BUSINESS
1. To fix the time to which to adjourn
Privileged Motions
2. To adjourn
3. To recess
4. To reconsider
Specific Motions
5. To rescind
6. To assume consideration (take from the table)
Incidental Motions
7. (See listing) .
8. To postpone temporarily (lay on the table)
9. To vote immediately (previous question)
10. To limit debate
11. To postpone to a definite time
Subsidiary Motions
12. To refer to a committee
13. To amend an amendment
14. To amend the main motion
15. To postpone indefinitely
THE MAIN MOTION

during the discussion of business. They have no precedence among themselves. Most of them are related to the rights of members. None of these motions are debatable and each is dealt with as it arises. More will be said about them later. Since they are indicated by a single rung on our ladder, a list of the more frequently used incidental motions will suffice for the present:

1. Appeal
2. Suspension of the rules
3. Point of order
4. To read a paper
5. To withdraw a motion
6. Request for information
7. To close nominations
8. Objection to consideration
9. Method of voting
10. To consider a resolution paragraph by paragraph

How "precedence" might function in an ordinary business meeting:

Step 1. *General main motion:*

"That private nurses' fees be raised by the amount of two dollars." — Discussion

Step 2. *Amendment:* (14)

"Delete the word 'two' and insert the word 'five.' " — Discussion

Step 3. *Referral:* (12)

"That the question of increasing these fees be referred to a special committee."

While the value of such a referral is being considered

Step 4. *Postpone to a definite time:* (11)

"That further discussion of this matter be deferred until the next meeting."

The speaker for the evening arrives at this point.

Step 5. *To recess:* (3)

"That the business meeting be recessed to permit the speaker to address us."

Step 5 is voted upon without delay. An affirmative vote terminates further discussion until after the speaker has concluded. Since the meeting is only recessed, not adjourned, business resumes with Step 4 goes on to Step 3 if it receives a negative vote, and so on.

Next Month — **Amendments**

In the Good Old Days

(*The Canadian Nurse* — March, 1918)

For "at home" confinements the nurse urges a few simple preparations. She asks for a quiet bedroom (where possible), and to have old carpets and wall-hangings removed. The electric light or gas or lamp is asked to be in good condition . . . Home cases are charged the minimum fee of $3.50 for supplies used.

* * *

The public health nurse should be young enough to have enthusiasm and old enough to have sense. This delightful combination is painfully rare, I will confess, but it does seem to me that a woman who undertakes the guidance of others should be capable of bearing herself with dignity and restraint.

* * *

An eminent physician recommends a small hypodermic tablet to be powdered on paper with a penknife and then poured behind the front teeth, under the tongue. In a few moments it is completely dissolved and absorbed and a very rapid constitutional effect may be observed. If there is pain it is almost magically relieved. In heart failure the circulation may be restored, even in apparently hopeless cases.

* * *

A banana is not fully ripe until the outer skin is brown, the starch is not converted into sugar while the yellow color remains. In the latter stage they should be baked to develop their full food value. It has been said that in its unbroken skin a banana is a "sterile food package" and so is especially fitted for use in the sickroom.

* * *

The more recent study of communicable diseases has established the fact that neither exfoliation from the skin nor the breath of the patient will give rise to the disease in another person.

More than 17,000 hospitalized veterans participate in the Red Cross Arts and Crafts program. You make sure the veteran is not forgotten when you support the Red Cross.

When you help the Red Cross you are helping to maintain a string of Outpost Hospitals and Nursing Stations reaching from the Atlantic to the Pacific.

**Canadian Nurses' Association,
270 Laurier Avenue West,
Ottawa 4, Canada.**

I expect to attend the 50th Anniversary Convention of the Canadian Nurses' Association at Ottawa, Ontario, June 23 to 27, 1958. I will join CPR Train No. 8, "The Dominion" at .... on June .... 1958, arriving Ottawa Sunday morning, June 22.

It is expected that there will be sufficient numbers to warrant operation of extra sleepers on this train from Vancouver, Calgary, Regina and Winnipeg. These sleepers, if operated, would be for the exclusive use of delegates. Will you please indicate your sleeping car requirements as follows: (Also please give second choice) —

Single Bedroom ....
Double Bedroom ....
Upper berth, 1st class ....
Lower berth, 1st class ....
Compartments for 2 ....
Drawingroom for 2 or 3 ....
Upper berth, tourist class ....
Lower berth, tourist class ....

If double room required on train, give name and address of your travelling companion —

NAME .... ADDRESS ....

Home phone .... Business phone ....

Consult your local CPR agent for rates, both rail and sleeping car. Convention plan rate of fare and one-half for round trip has been granted.

(Signed) NAME ....

ADDRESS ....

My Home phone .... My Business Phone ....

**PLEASE RETURN TO CANADIAN NURSES' ASSOCIATION
NOT LATER THAN MAY 31, 1958.**

PAGEANT ON NURSING

A Highlight of C.N.A. 50th Anniversary Meeting

Producer - Mr. John Maddison - Maddison Production Services - Toronto
Coliseum, Lansdowne Park

MONDAY AND TUESDAY EVENINGS, JUNE 23 AND 24, 1958

REQUEST FOR TICKETS:

Monday, June 23, 1958

Please send .... Tickets at $1.50
.... Tickets at $2.00

Tuesday, June 24, 1958

Please send .... Tickets at $1.50
.... Tickets at $2.00

MAKE CHEQUE PAYABLE TO CANADIAN NURSES' ASSOCIATION

.... NAME

.... STREET

.... CITY

.... PROVINCE

The Canadian Red Cross Society

The following are staff changes for the Canadian Red Cross Society Outpost Service:

Bristish Columbia

Appointments — Mrs. *Kathleen Teeford* (St. Paul's Hosp., Vancouver) to Alexis Creek. *Lizbeth Swanson* (St. Joseph's Hosp., Victoria) to Atlin. *Sara A. Miller* (Hartlepools Hosp., Hartlepool, Durham, Eng.) to Bamfield. *Dorothy West* (Dreadnought Hosp., Lennoxtown, Scotland, to Blue River. *Gladys Ransbottom* (St. Joseph's Hosp., Winnipeg) to Edgewood. Mrs. *Nell McCrindle* (Burrard Hosp., Vancouver) to Hudson Hope. *Sophia Smith* (Misericordia Hosp., Winnipeg) to Kyuquot. Mrs. *Barbara M. Johnson* (Vancouver Gen. Hosp.) to Lone Butte. *Irene Palmer* (Townsville Gen. Hosp., Australia) to Masset.

Resignation — *Neta Beagley* from Blue River.

Manitoba

Resignation — *Alice Margaret Rose* from Alonsa Nursing Station to sail for Brazil.

New Brunswick

Appointment — Mrs. *Elsie Thompson* to Fredericton Junction.

Newfoundland

Appointment — Mrs. *Eva Chandler* to the Carbonear Red Cross Community Hospital.

Ontario

Appointments — *Helen Singer* (Univ. of Toronto) as assistant to the Ontario Division and *Irma MacCallum*. (U. of T.) from field staff to supervisor. Mrs. *Valentine Fadeeff* (Univ. of Brussels Hosp., Belgium) to Apsley. *Helen Costerus* (Toronto Gen. Hosp.) to Beardmore. *Christine Carr* (Law Hosp., Carluke, Scotland) to Emo. *Isabella Harvey* (Western Infirmary, Glasgow) to Mindemoya. *Margaret Roberts* (Bristol Royal Hosp.) to Richard's Landing. *Josephine Taylor* (U. of T.) to Thessalon.

Resignations — *Joan Somerville* from Apsley. Mrs. *Irene King* from Burk's Falls. Mrs. *Carol Pope Hainsworth* from Missanabie.

Transfers — *Jean Shaw* (Royal Infirmary, Glasgow) from Beardmore to Richard's Landing. Mrs. *Beryl Schottroff* (Leeds Gen. Infirmary) from Burk's Falls to Rainy River. *Margaret Miller* (McMaster Univ.) from Emo to Missanabie.

Leave of Absence — *Ann McLoone, Catherine Smith* and *Helene Zschokke.*

SPECTACLE HISTORIQUE SUR LE NURSING

L'une des attractions au Congrès du 50ème anniversaire de l'A.I.C.

Réalisateur: M. John Maddison — Les Services de Production Maddison, Toronto
Au Colisée du Parc Lansdowne

EN SOIRÉE, LES LUNDI ET MARDI, 23 ET 24 JUIN 1958

BON DE COMMANDE

Lundi, 23 juin 1958	**Mardi, 24 juin 1958**
Veuillez m'envoyer .... billets à $1.50	Veuillez m'envoyer .... billets à $1.50
.... billets à $2.00	.... billets à $2.00

FAITES VOTRE CHÈQUE À L'ORDRE DE L'ASSOCIATION DES INFIRMIÈRES CANADIENNES

....	....
NOM	RUE
....	....
VILLE	PROVINCE

Convention Personality

To Daisy Caroline Bridges, C.B.E., R. R.C., general secretary of the International Council of Nurses has been assigned the responsibility of setting the tone for the Golden Anniversary convention by delivering the Keynote Address on June 23, 1957.

A familiar figure to the lucky nurses who have attended any of the I.C.N. Congresses since she was appointed to her present post in 1948, Miss Bridges is also well known to many of the members of the R.N. A.O. for she officiated at the laying of the cornerstone of the new Ontario headquarters a couple of years ago.

An honor graduate of Nightingale School, St Thomas's Hospital, London, Miss Bridges secured her midwifery training from Radcliffe Infirmary, Oxford. She served on the staff of St. Thomas' until she enrolled in the course in nursing school administration at Bedford College, University of London, whence she graduated with distinction in all subjects. The award of a Rockefeller fellowship enabled her to study nursing education in Canada and the United States for one year. She returned to England as resident tutor to the Florence Nightingale International Foundation.

The outbreak of war in 1939 terminated Miss Bridges' civilian nursing career for many years. Enlisting immediately with the Queen Alexandra Military Nursing Service, she served as matron, principal matron, then command matron in France, Egypt and India. She was awarded the Royal Red Cross in 1943 for service in the Middle East.

Following the war, Miss Bridges gave valuable assistance to the Ministry of Health, England, on the Working Party to consider recruitment and training of nurses. She was president of the National Council of Nurses for Great Britain and Northern Ireland and chairman of the Nursing Service Committee of the I.C.N. prior to receiving her present appointment. She has been a member of the Nursing Panel of the World Health Organization since 1951.

International recognition was accorded Miss Bridges in 1953 when she received the Florence Nightingale Medal from the International Red Cross. In the New Year's Honors of 1954 she was made a Commander of the Order of the British Empire.

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Because steam is not suitable for sterilizing such materials as greases, powders, and anhydrous oils, dry heat of 320° F. is necessary for at least one hour. For this method, the mechanical convection hot air oven equipped with a blower for forced air circulation is recommended. This procedure is more reliable than the use of an autoclave with steam to jacket only.

Once sterilized, supplies wrapped in double muslin covers may be expected to remain sterile on supply shelves for at least four weeks. The best way to evaluate the effectiveness of a sterilizing process is by a culture test. Small strips of filter paper are inoculated with a heat resistant spore suspension, so that the spore count per strip averages 100,000 or more. The strips, dried, are placed in steam permeable envelopes and included with the material to be sterilized. After completion of the sterilizing cycle, the envelopes are removed from the packs and returned to the laboratory for sterility testing of the strips.

Ultrasonic cleaning is recommended for cleaning supplies prior to sterilization. This involves the passing of high frequency sound waves through the bath causing rapid formation and destruction of sub-microscopic bubbles. A terrific suction on soil attached to instruments is created. Force of this suction is estimated at 4,500 pounds per square inch. — J. J. Perkins

The Canadian Red Cross Society

The following are staff changes for the Canadian Red Cross Society Outpost Service:

BRISTISH COLUMBIA

Appointments — Mrs. *Kathleen Teeford* (St. Paul's Hosp., Vancouver) to Alexis Creek. *Lizbeth Swanson* (St. Joseph's Hosp., Victoria) to Atlin. *Sara A. Miller* (Hartlepools Hosp., Hartlepool, Durham, Eng.) to Bamfield. *Dorothy West* (Dreadnought Hosp., Lennoxtown, Scotland, to Blue River. *Gladys Ransbottom* (St. Joseph's Hosp., Winnipeg) to Edgewood. Mrs. *Nell McCrindle* (Burrard Hosp., Vancouver) to Hudson Hope. *Sophia Smith* (Misericordia Hosp., Winnipeg) to Kyuquot. Mrs. *Barbara M. Johnson* (Vancouver Gen. Hosp.) to Lone Butte. *Irene Palmer* (Townsville Gen. Hosp., Australia) to Masset.

Resignation — *Neta Beagley* from Blue River.

MANITOBA

Resignation — *Alice Margaret Rose* from Alonsa Nursing Station to sail for Brazil.

NEW BRUNSWICK

Appointment — Mrs. *Elsie Thompson* to Fredericton Junction.

NEWFOUNDLAND

Appointment — Mrs. *Eva Chandler* to the Carbonear Red Cross Community Hospital.

ONTARIO

Appointments — *Helen Singer* (Univ. of Toronto) as assistant to the Ontario Division and *Irma MacCallum*. (U. of T.) from field staff to supervisor. Mrs. *Valentine Fadeeff* (Univ. of Brussels Hosp., Belgium) to Apsley. *Helen Costerus* (Toronto Gen. Hosp.) to Beardmore. *Christine Carr* (Law Hosp., Carluke, Scotland) to Emo. *Isabella Harvey* (Western Infirmary, Glasgow) to Mindemoya. *Margaret Roberts* (Bristol Royal Hosp.) to Richard's Landing. *Josephine Taylor* (U. of T.) to Thessalon.

Resignations — *Joan Somerville* from Apsley. Mrs. *Irene King* from Burk's Falls. Mrs. *Carol Pope Hainsworth* from Missanabie.

Transfers — *Jean Shaw* (Royal Infirmary, Glasgow) from Beardmore to Richard's Landing. Mrs. *Beryl Schottroff* (Leeds Gen. Infirmary) from Burk's Falls to Rainy River. *Margaret Miller* (McMaster Univ.) from Emo to Missanabie.

Leave of Absence — *Ann McLoone*, *Catherine Smith* and *Helene Zschokke*.

SPECTACLE HISTORIQUE SUR LE NURSING

L'une des attractions au Congrès du 50ème anniversaire de l'A.I.C.

Réalisateur: M. John Maddison — Les Services de Production Maddison, Toronto
Au Colisée du Parc Lansdowne

EN SOIRÉE, LES LUNDI ET MARDI, 23 ET 24 JUIN 1958

BON DE COMMANDE

Lundi, 23 juin 1958	Mardi, 24 juin 1958
Veuillez m'envoyer .... billets à $1.50	Veuillez m'envoyer .... billets à $1.50
.... billets à $2.00	.... billets à $2.00

FAITES VOTRE CHÈQUE À L'ORDRE DE L'ASSOCIATION DES INFIRMIÈRES CANADIENNES

....	....
NOM	RUE
....	....
VILLE	PROVINCE

Convention Personality

To Daisy Caroline Bridges, C.B.E., R.R.C., general secretary of the International Council of Nurses has been assigned the responsibility of setting the tone for the Golden Anniversary convention by delivering the Keynote Address on June 23, 1957.

A familiar figure to the lucky nurses who have attended any of the I.C.N. Congresses since she was appointed to her present post in 1948, Miss Bridges is also well known to many of the members of the R.N.A.O. for she officiated at the laying of the cornerstone of the new Ontario headquarters a couple of years ago.

An honor graduate of Nightingale School, St Thomas's Hospital, London, Miss Bridges secured her midwifery training from Radcliffe Infirmary, Oxford. She served on the staff of St. Thomas' until she enrolled in the course in nursing school administration at Bedford College, University of London, whence she graduated with distinction in all subjects. The award of a Rockefeller fellowship enabled her to study nursing education in Canada and the United States for one year. She returned to England as resident tutor to the Florence Nightingale International Foundation.

The outbreak of war in 1939 terminated Miss Bridges' civilian nursing career for many years. Enlisting immediately with the Queen Alexandra Military Nursing Service, she served as matron, principal matron, then command matron in France, Egypt and India. She was awarded the Royal Red Cross in 1943 for service in the Middle East.

Following the war, Miss Bridges gave valuable assistance to the Ministry of Health, England, on the Working Party to consider recruitment and training of nurses. She was president of the National Council of Nurses for Great Britain and Northern Ireland and chairman of the Nursing Service Committee of the I.C.N. prior to receiving her present appointment. She has been a member of the Nursing Panel of the World Health Organization since 1951.

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Nursing Profiles

Ruth Miriam Elizabeth Schwindt has been appointed to initiate the new division of responsibilities in the headquarters of the Alberta Association of Registered Nurses. She is now the registrar.

Born and educated in Alberta, Miss Schwindt enlisted in the administrative branch of the Royal Canadian Air Force in 1942 and served as a wireless operator until the close of World War II. She entered the school of nursing of the Vancouver General Hospital soon after her discharge from active service. Following graduation she engaged in private nursing for two years then joined the Blood Transfusion Service of the Canadian Red Cross Society. She resigned from that work last November.

Miss Schwindt has many community activities to broaden her field of interest. As well as being secretary of her church's primary Sunday School; she is a member of the Independent Order of Foresters and prominent in their curling club; she is a board member of and publicity convener for the Edmonton Rehabilitation Society for the Handicapped.

(Housez Studios "(Alta.)" Ltd.)

Ruth Schwindt

British Columbia has a new assistant registrar and secretary to the Examining Board in **Frances McQuarrie** who has succeeded **Marion (Botsford) Evans.**

Miss McQuarrie returns to this Association work after a lapse of 14 years during which she has served with UNRRA in North Africa and Italy, as supervisor of instruction at the University of Alberta Hospital, Edmonton, and for the past four years as secretary of nursing education with the Canadian Nurses' Association. A graduate of the Vancouver General Hospital and of the University of British Columbia, Miss McQuarrie's experiences will be invaluable in her new work.

Frances McQuarrie

Sister Delia Clermont, for many years associated with the school of nursing of St. Boniface Hospital, became the superior and administrator of La Verendrye Hospital at Fort Frances, Ontario, last summer. Born and educated in Saskatchewan, Sister Clermont qualified as a school teacher in that province. Nursing called with an insistent voice so she entered the school of nursing of St. Boniface Hospital. She has alternated between administrative duties and teaching at S.B.H. ever since her graduation. Sister received her Bachelor of Science in Nursing Education from St. Louis University.

An active participant in the affairs of

the Manitoba Association of Registered Nurses, of which she was at one period the second vice-president, Sister Clermont was chairman of the CNA Institutional Nursing Committee when the original manual on Methods of Job Analysis and its related techniques applied to hospital organization was compiled.

Sister Delia Clermont

Margaret Louise Collicutt is the director of nursing at Prince County Hospital, Summerside, P.E.I.

A Nova Scotian by birth and education, a graduate of the Halifax Infirmary and in teaching and supervision from Dalhousie University, Halifax, Miss Collicutt was an instructor at the Halifax Tuberculosis and the Yarmouth General Hospital before assuming her present duties. She is a member of the Business and Professional Women's Club; her liveliest interest after working hours is in photography.

Ethel R. Irwin, a graduate of Toronto General Hospital and of the advanced course in supervision in public health nursing, is using her knowledge to very good purpose as a regional supervisor with the Ontario Department of Health. Following graduation, Miss Irwin joined the Victorian Order of Nurses and worked in Gananoque. She went to the East York-Leaside Health Unit three years later. In 1956 she became supervisor of the Timiskaming Health Unit, moving on to her broader responsibilities last year. Miss Irwin should have time for her favorite form of exercise — hiking — as she moves around in the wide territories her work embraces.

Edith Marion Pullan is the new director of nursing at Royal Columbian Hospital, New Westminster, B.C.

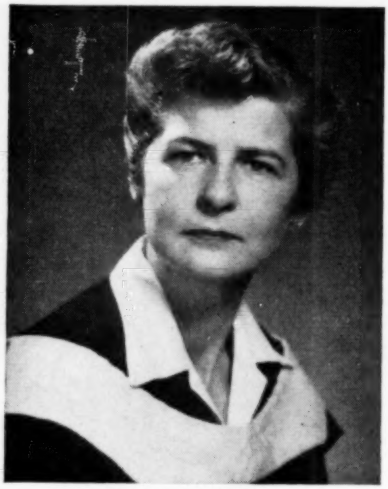
A graduate of Vancouver General Hospital and the University of British Columbia School of Nursing, Miss Pullan specialized in psychiatric nursing. She has served at the Provincial Mental Hospital, Essondale, for many years, as instructor and later as director of nursing. She has been very active in provincial association affairs. When time permits she enjoys many kinds of hobbies including gardening, sketching and painting, and music.

Edith M. Pullan

Helen Penny is the associate director of nursing service at the General Hospital, St. John's, Nfld.

Soon after graduating from high school, Miss Penny joined the R.C.A.F., Women's Division, and had nearly three years' experience as an aerial photographer. At the close of the war she entered St. John's Hospital School of Nursing to take her professional training. She worked in hospitals in St. John's for three years after graduation before deciding to qualify in public health nursing. Following her year at the University of Toronto Miss Penny returned to St. John's General Hospital to take charge of the student health program.

Keenly interested in the growth and development of the nursing profession in Newfoundland, Miss Penny is the immediate past president of the St. John's Chapter of the Association of Registered Nurses.



E. JEAN MCKAY

(Maurit Burlin)

DORIS BEWES

E. Jean McKay took over the duties of assistant director of nursing service at Toronto General Hospital last summer after serving as an instructor there.

A graduate of T.G.H., Miss McKay holds her B.Sc.N. from the University of Western Ontario, London, where she specialized in teaching and supervision. After a period of general duty then assistant head nurse in her own school, she joined the staff of Sunnybrook Hospital, Toronto. Experience at Vancouver General Hospital and two years at Whitehorse General Hospital preceded the university work and her appointment as head nurse and instructor at Women's College Hospital, Toronto.

A unique honor was conferred upon **Doris Bews**, a public health nurse in New Westminster, when she was named "Woman of the Year" by the Business and Professional Women's Club of that city last autumn. The trophy presentation was made in recognition of the outstanding manner in which Miss Bews has participated in community work.

A graduate of the Hospital for Sick Children, Toronto, Miss Bews was matron of the Alexandria Children's Home in Vancouver before launching into public health nursing in Chilliwack. She has been associated with the health unit serving New Westminster since 1950.

In Memoriam

Jessie E. Agnew, a graduate of the General and Marine Hospital, Owen Sound in 1929, died on October 6, 1957. She was engaged in private nursing.

* * *

Gillian Donald who was a senior student at the Montreal General Hospital, died in a car accident on January 11, 1958.

* * *

Nellie I. Good who graduated from the Moncton Hospital, died on December 18, 1957 in Moncton.

Mary Julia (Declerck) Holobowski, a graduate of the Vegreville General Hospital in 1927 died during 1957 in Fairview, Alta.

* * *

Helen G. Horton, a graduate of Victoria Hospital, London in 1924, died on November 5, 1957. She was engaged in institutional nursing during recent years.

* * *

Ellen (Whalley) Hunter, a member of the first graduating class of the Holy Cross Hospital, Calgary, died suddenly in Vancouver.

Etta (Shirley) Johnson who graduated from St. Boniface Hospital in 1919 died March 9, 1957 in Toronto. She spent most of her professional career in private nursing.

* * *

Annie McCoombs who graduated from the Royal Victoria Hospital, Montreal in 1925, died suddenly on December 28, 1957.

* * *

Rose F. Meyer, a graduate of the Guelph General Hospital in 1943, died in December, 1957. Much of her professional life had been spent in the field of psychiatric nursing.

* * *

Florence (Sheridan) Reynolds who graduated from St. Luke's General Hospital, Ottawa in 1912 died suddenly in Toronto where she was then working. She had served overseas during World War I.

* * *

Angelyn Rogers a graduate of the Royal Victoria Hospital, Montreal in 1912 died on December 5, 1957.

* * *

Hilda Mary (Gotheridge) Rooney a graduate of the Holy Cross Hospital, Calgary in 1929 died in Edmonton after a brief illness on November 29, 1957.

* * *

Margaret (Irving) Sarsfield who graduated from the Lorrain School of Nursing, Pembroke General Hospital in 1923 died in Windsor on December 28, 1957. For the past four years she had held a supervisory position in the Hotel Dieu Hospital of that City.

* * *

Harriet P. Simpson a graduate of the Kingston General Hospital in 1929, died on November 3, 1957. She had been engaged in private nursing.

* * *

Sister A. Levasseur, a graduate of Notre Dame Hospital and the Marguerite d'Youville Institute, Montreal died December 23, 1957 in Montreal. She had been a member of the faculty of the Institute before becoming educational director at Holy Cross Hospital, Calgary. Since 1950, Sister Levasseur had been educational director of the Grey Nuns' Hospital, Regina. Active in professional matters at all levels, she will be keenly missed by all who have worked with her.

* * *

Sister Mary Annunciata who graduated from the Lorrain School of Nursing, Pembroke General Hospital in 1919 died in Ogdensburg, N.Y. on January 4, 1958. She had held the position of nurse supervisor and later superintendent of the A. B. Hepburn Hospital. She had also been the superintendent of Champlain Valley Hospital, Plattsburg.

* * *

Leonora (Gregory-Allen) Smith, a graduate of the New York Hospital in 1910, died on December 19, 1957 at Cranbrook, B.C. following a long illness. A nursing sister during World War I, she gave service in France, Belgium and England and returned from her military duties to accept a position as supervisor and instructor at the Royal Jubilee Hospital, Victoria. Active and interested in professional affairs, Mrs. Smith was one of the founders of the Cranbrook chapter of the R.N.A.B.C.

* * *

Evelyn Victoria Taylor, a graduate of the Toronto Orthopedic Hospital and a member of the staff of the Toronto General Hospital for 23 years, died on December 28, 1957. She had retired from active nursing in 1950 due to poor health.

Canadian Nurses with WHO

Lorna Horwood, formerly on the staff of the University of British Columbia School of Nursing, has been assigned to the National Taiwan University. *Willa Routledge* has joined the Higher Institute of Nursing, Egypt following completion of her work in Hyderabad. *Salomea Tretiak* has been sent to the Nursing Project in Burma and *Norrie Yamanaka* has joined a similar project in Iran. *Justine Delmotte* has been transferred from Cambodia to Morroco. *Elizabeth Gillespie* has moved from Egypt to India. *Margaret Cammaert, Margaret Campbell* and *Joan Morison* have recently completed their assignments. *Willy Visscher* has been reassigned to Iraq from Cambodia. *Margaret Mackenzie* is remaining within India. Back after a study year are *Kathleen Durrell,* who has been assigned to a project in Teheran, and *Dorothy Potts* who has gone to Singapore.

* * *

The right kind of smile, the sincere heartfelt smile, is a smile in which the eyes are involved; they also smile.

—*Blue Print for Health.*

Health and Social Philosophy in Nursing Education

LUELLA DOWNING, B.N.

A DIARY CAN BE SUCH a revealing and useful tool! It's great fun to turn the pages of that cherished little book and read excerpts which, when entered many years ago, seemed like serious heartbreaking experiences. They are now amusing but nevertheless interesting incidents in the light of the progress that has been made in recent years in schools of nursing.

Such experiences as:

February 4th — This was my first day on the ward (we had only been in hospital 4 days) and I shall never forget it as long as I live. The lady in charge of the ward was kind in showing two of us probies what the many rooms were used for. She then asked me to polish the sterilizer and water tanks. I had such trouble finding a duster, and I was too frightened to ask the whereabouts of one. I proceeded to use what I suspected to be a cleaning cloth because it looked like the stained brown variety that one uses at home, but it was such a hard piece of material that I couldn't get a shine on the tanks no matter how hard I tried. I learned, after being severely chastised, that I had been using a wrapper that dressings were sterilized in!

March 20th — it was such fun today taking drinks to patients and cleaning their bedside tables. I was on a semi-private ward where the patients all seemed so nice. My only trouble was finding things to do. I guess the head nurse didn't like me because when I would ask her what I might do next, she seemed so angry. O well, I guess I'll catch on soon.

Then in the next year:

September 19th — I was embarrassed today when I was called to the Training School Office and was told that I must never again appear in the nurses' dining room without stockings. I was too ashamed to say that I had washed all my hose since it was my afternoon off and that it was a matter of going without stockings or without food. And to think that I wore my longest skirt too!

These little anecdotes which reflect the authoritarianism of the nursing school 20 years ago surely make one think that the pendulum has swung far forward.

We have gone from an era of regimented behavior, destruction of initiative and limited types of learning activities, to an era of analyzing the needs of people, of making long-term plans for meeting these needs, and of implementing these plans in new patterns of nursing service and education. This pattern of nursing education with its fundamental principle, "education for usefulness to society," is developing a "new kind of nurse."

This "new kind of nurse" has emerged from attempts to select learning experiences for her as a student, through such methods as nursing care studies, and other means of applying scientific and sociological principles to practical situations. She has had the gap bridged between theory and practice to a considerable extent in her basic program. She has had specially prepared instructors and supervisors, but there has been a great variety among them. Some have had the ability to understand her behavior, while others have not appeared to respect her as a personality at all.

Running concurrently with the interplay of relationships between this "new kind of nurse" and her teachers, patients, and fellow workers, has been an introductory course to normal personality development and adjustment throughout the life span; to the social factors that are operative in this development and deviations from the norm; and to the nurse's role in preserving and promoting total health. She has

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Miss Downing prepared this study as a term paper during her postgraduate university experience for her degree in nursing.

been given more leeway in that she can enjoy a full and interesting social life.

But now, let us look at this "new kind of nurse!" Yes, she is a new product of some sort, but the question is, what sort?

Her performance might lead one to suspect that somewhere in her basic program, the pendulum has not swung far enough. There seems to be something lacking that would enable her to see her patient as a person. It seems difficult for the nurse to see him in this way. She comprehends all aspects of his disease well, but of his mental, social and spiritual being, she appears to lack understanding. She does not seem to realize that each patient is a human being who reflects his culture, early upbringing and home environment, and who needs understanding, kindness, sympathy and love included in his daily care. All too frequently one hears such remarks from the young graduate nurse as "unnecessary humoring," and "where would we get if we did that for every patient," or "you answer Mrs. Jones' light this time. I'm tired of her demanding this and that."

There is evidence to show that she does not utilize every opportunity to teach her patient even the rudiments of personal hygiene or nutrition. This is reflected in the restlessness and discontent of the young graduate and in the tremendous turn-over of hospital staffs. She is not assuming responsibility for patient care. She has obviously not felt the happiness and satisfaction of a job well done, or of the feeling that perhaps even one pearl she may have dropped to her patient in teaching, might prevent a further period of hospitalization.

Now, let us discuss some basic considerations that are relative to a school of nursing whose aim it is to provide a professional education.

I. *Educational philosophy:*

> Nursing is essentially a social profession. Its aim is the best possible nursing service for society, which includes the promotion and conservation of health as well as ministration to the sick. To realize this aim, nursing education must teach the student nurse to see the patient, not only as an individual whose needs are circumscribed by the sick room, but as a member of a family, a neighborhood and a community. She will be taught the newer concepts in medicine and scientific research in the treatment of disease, as well as development of community welfare. She will be taught to recognize the appropriate therapy which gives attention to the interrelated physical and emotional factors in an illness. She will teach and practice good mental hygiene. Such a social philosophy cannot be taught in a course or courses. It must permeate the entire curriculum[1].

The plan for integration of the health and social aspects of nursing, should not be introduced into the curriculum until the faculty and head nurse groups are ready for such integration. The proposed approach should be understood by the superintendent of the hospital in which students have their clinical experience, by the Nursing School Committee, and by the board of control or trustees.

II. The *Faculty* in most schools includes the director of the school, assistants to the head of the school, instructors and supervisors, and may or may not include head nurses.

These people should be thoroughly qualified personnel who have a deep understanding of the health needs of student nurses, and can recognize and capitalize on learning situations for them. The public health coordinator who assumes leadership in the integration of the health and social aspects of nursing in the basic curriculum, should be as thoroughly prepared as the educational director. Integration is a reality only when every opportunity is seized upon by every instructor to emphasize the preventive, health and social aspects from the time the student enters the school of nursing until the completion of her program.

With the members of the faculty organized into a cooperative group, working toward the fulfillment of school objectives, there is an opportunity for all to participate in and to contribute to the work of the school.

III. *Student selection:*

In most schools of nursing, a combination of requirements determined in relation to the purpose of the school, has been found to be the most reliable basis of selection. This combination would include requirements of general education, age, health, character, personality, and special aptitudes. Students selected on this basis should be able to carry and to profit by the program which the school offers.

One would wonder whether or not sufficient care and consideration is being exercised in appraising an applicant's acceptability for admission. The schools with low withdrawal rates have found personal interview to be of inestimable value. Alumnae members of the school of nursing have been selected in places throughout the country for interview purposes. Many directors of nursing have found that having a parent accompany the candidate, if possible, provides them with an opportunity to evaluate the cultural background, as well as the personal qualities that are necessary.

Every attempt should be made to select applicants with care so as to give full consideration to the development of the student during her nursing program, rather than selecting her on a service basis. We are all aware of the impact that the feeling of failure has on the student who is forced to withdraw from the school. Prevention of this occurrence is the very beginning of the integration of health and social aspects into the student program.

Standardized tests given under controlled conditions should be used during this period, to procure comparable evidence of the intellectual ability or capacity. Tests in English, arithmetic, skills and appreciations, biology, physics and social sciences, will serve to select candidates best suited to the profession. Statistics show that the largest withdrawal percentage during the first few months of the program is from failure in classwork.

IV. *Orientation:*

As evidenced by one of the excerpts from the diary, the orientation at that time, and even now in many hospitals, consists merely of an introduction to the physical environment of the hospital.

The aims of an orientation program should include: making the new student feel welcome to the school, acquainting her with the objectives, rules, and regulations of the institution, offering initial advice as to the nursing school methods and problems, and establishing definite relationships between students and counsellors. A well-thought-out and well organized orientation program is very important.

The inclusion of the parents of the student, by invitation, for a special program and reception on the day of admission to the school, has been found to have its place in the emotional adjustment of the student. The program might include an orientation to such subjects as the history and purpose of the school, aims and responsibilities of professional nursing, the health program and facilities, student activities and organizations, and information concerning the immediate environment of churches, libraries and recreational facilities. Many parents, understanding the principles and aims of this new profession that their daughter is about to enter, are better prepared to lend emotional support and encouragement throughout the three years' experience.

Provision for individual conferences with faculty members during this period is important for both the student and the counsellor.

Orientation, of course, never stops and one progresses from superficial to profound understanding with continued guidance.

V. *Counselling:*

A counselling program, planned to aid students in educational, professional, social and personal problems, is an essential part of the work of a school which sets up its program in terms of the student needs.

While all faculty members will participate in *educational* counselling, it is essential to designate a certain number of faculty members to give general counselling. It is ideal to employ a social psychology instructor whose responsibility it is to give individual counselling to the students. This faculty member is available at all times for coordinating and directing the services of all who participate in the counselling program.

All information about students, derived from entrance applications and examinations, profiles, and personal conference records, as well as the students' progress reports in the various clinical experiences, should be made available to all counsellors concerned. A confidential, and more comprehensive report will be retained by the psychology instructor or counsellor.

VI. *Extraprofessional program:*

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While the professional curriculum focuses on the preparation of the student as a nurse, the extracurricular program has to do with her all-round development as an individual.

This provides her with an opportunity for group activity, both in the school and community. These activities may include music, drama, religious groups and outing clubs. Many shy and timid students have been helped to overcome their difficulties by being given opportunities to express themselves and engage in community functions.

Attention to the student's needs for social and personal development is very important if she is to unite or combine those general educational interests which contribute to the broadening and enrichment of her life with her professional development.

VII. *Health program:*

It would appear rather incongruous for a school of nursing to expect a student to be a symbol of health to her patient, if the health program fails to include such important categories as: conditions of living and work, preventive measures, remedial measures, care during illness, functions of the school physician, functions of the health nurse, and health records.

First in order of importance for a successful health program, are proper residence facilities, satisfaction of nutritional needs, reasonable hours of work, and regular vacation periods. The program should be directed by a well-qualified nurse who is keenly aware of the total health picture of individual nurses. She will obtain information on student nurses who report frequently to the health service with minor ailments. She will investigate the student's performance on the wards, and her adjustment to her classmates. Such information, with the student's family history, will be related to the current health picture, and follow-up care.

The student must be given information early in her course and throughout it, that will stimulate the development of positive health attitudes and the practice of positive health habits. This orientation of the nurse to the health point of view, may be accomplished: by placing equal emphasis in the curriculum on the preventive and curative aspects of various diseases; by utilizing a ward teaching program in which are emphasized the psychological, social and health aspects of nursing in relation to the actual care of individual patients, and by providing the student with a period of affiliation with a public health nursing agency.

VIII. *Basic nursing curriculum:*

It has been said that every nurse, from the time she starts to wear a uniform until the time she leaves the profession, is a teacher of health. Good health teaching is an integral part of good nursing. It is not a separate activity of the nurse, but something that is bound up very intimately with all that concerns the patient — physically, mentally, spiritually and economically.

To be able to teach, the student must be helped to gain some understanding of her own behavior as well as that of her patient. This comes from inclusion in the preclinical period of a course in social psychology and mental hygiene — an adequate course of 60-75 hours directed by a faculty member with special preparation in this field. This should be correlated with other courses such as the biological sciences and nursing arts.

The nursing arts course should be so planned that it deals with health conservation beginning with the student's own health. She learns through constant contact with the sick and the health hazards she is exposed to, to protect and conserve her own health. She next learns how to conserve and promote the health of others. The principles and practice of nursing have to do with healthy living as well as with curative measures. There should be no division between these phases of nursing.

Mrs. Harriet Mitchell said,

> This plan for continuous learning experience emphasizes two facts: 1) that the patient can be cared for successfully only if he is considered as a functional unit in which the physical and emotional aspects are recognized as mutually interactive, and influential — the psychosomatic approach to the patient; 2) that the patient can be cared for successfully only in relationship to his past and present social environment and relations with his individual cultural background — the socio-psycho-

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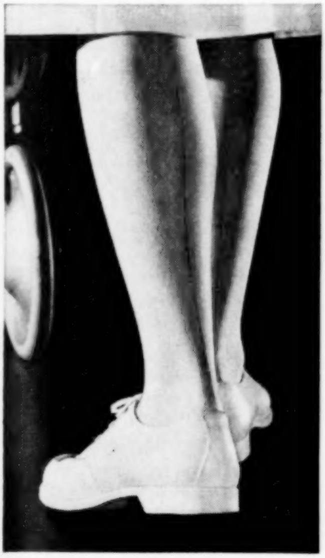

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somatic approach to the patient[2].

This concept of man as a "whole," a total-functioning organism in health or illness, inseparable into parts from his environment, must not only permeate the whole curriculum, but should be projected into a community experience for the student. This community experience should begin within the first two or three weeks of the preclinical period. The student would benefit greatly by an introduction to the community through home visits of perhaps one day's duration, with nurses from a public health agency. The agency will have agreed to participate in the student program by careful planning based on familiarity with the school's educational philosophy. Students who have come from families with stable financial backgrounds have no conception of the impingement of inadequate income, overcrowding and poor nutrition, on the mental and physical health of every member of the family.

The student will see the public health nurse in action; observe her acceptance by the family and her intimate knowledge of their everyday lives. She will hear the mother of a family ask for advice concerning problems she is unable to cope with; she will see the nurse reserving judgment and surveying the situation carefully, before giving a constructive response. The student will observe bedside nursing care of the patient — the nurse improvising and making use of whatever equipment is on hand. On her way to the homes to be visited, the student will survey the neighborhood for stores, markets, recreational centres and churches, because she will have had pointed out to her the extent to which each plays a role in the life of the family.

She will have had a short briefing before making the visits in order to sharpen and stimulate her powers of observation. On her return to the hospital, she will write a report in concise narrative form of her observations and impressions. These reports are interpreted to the students in a group, with such participants as the social worker, psychology instructor, nursing arts instructor, dietitian and public health nurse.

There is evidence to show that the impressions gained from this "peek-in" to the homes of the community from which her patients come to hospital, are reflected in the understanding care that the student gives during the rest of her nursing program. The ideal introduction to the community would be one month with the public health agency toward the end of the first year, to be followed in the third year by a two-month field practice in the community. Due to the demands made on student nurses for hospital service and the total service load of public health organizations, this plan is not as yet feasible.

IX. *Clinical program:*

The educational program should be so planned that theory and practice will be concurrent. Sir Richard Livingstone has written:

> If our education is to be really fruitful, we must recognize a principle which has been almost wholly ignored in education — the cross-fertilization of theory and experience. There is, or should be, a continual interaction between the two; one illuminates the other[3].

Perhaps it is the lack of this interaction between theory and practice in general education that makes it difficult for student nurses to apply their subject matter to practical situations. There is still much to be done to make this part of the program more workable.

Pediatrics:

The program in pediatrics should be a study of child growth and development throughout the growth cycle. The student should learn the effects of illness upon the child, aspects of different childhood diseases, and the care of the child as an individual and as a member of a family and of a community. In this way, the student gains a basic knowledge of the principles of parent education.

The student should observe and participate in demonstrations to the mother of the care of the child, usually the feeding and bathing procedures. While gaining experience in a play activities program — in some hospitals called the child guidance program — she will observe the place of group activity in relation to illness. She should have opportunity for parent teaching during visiting hours, and while in the outpatient department. Included in the outpatient department program there should be visits to a

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nursery school and a child guidance clinic.

It is desirable that the medical aspects in each field should be taught by a well prepared physician who can interpret the objectives and principles of modern medical science from the standpoint of the allied groups working in the larger field of medicine. The lecture method is probably the most effective for the first presentation of the factual material. Every doctors' lecture should be carefully followed by a discussion of the nursing care involved. This should be under the direction of a qualified instructor and be in the form of well-chosen clinics, case reports and demonstrations.

Since one learns best "by doing," a very valuable experience for a student nurse is to participate in the seminar type of clinic. A group of students, under the guidance of the instructor, chooses a patient with a condition that they are presently studying. They investigate the condition and its problems and report their findings for combined discussion and criticism. One student would present the medical aspects of the disease, while other students would discuss nursing care; psychological aspects of the disease including family history and environmental factors, the nutritional factors, and finally, rehabilitation of the patient.

Such faculty members should be present as the head nurse, clinical instructor, dietitian, social worker and public health nurse, so that each member may contribute to the report. The public health nurse could well illuminate the discussion by bringing to light some of the problems encountered in the home when the patient is discharged without any plan for continuity of care. A visit to the patient on the ward, following the seminar, would make the whole discussion more meaningful.

Obstetrics:

The experience in the obstetrical clinic provides a marvelous opportunity for the student to see the effect of environmental factors upon the mother and baby, during the complete maternity cycle. Throughout the course, emphasis is placed on the care of the normal patient, the teaching of patients

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[1] The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc. and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

and the prevention of complications. All available opportunities should be utilized for presenting the patient as a part of a home, a community and society.

The student should assist the doctor with prenatal examinations in the outpatient department. She has an opportunity to see the doctor considering each patient as an individual, with her special problems, fears and needs. She can observe how the doctor handles these problems, the amount of time spent in reassuring and instructing the patient, and how and when she is referred to the social worker and public health nurse in the clinic for further help.

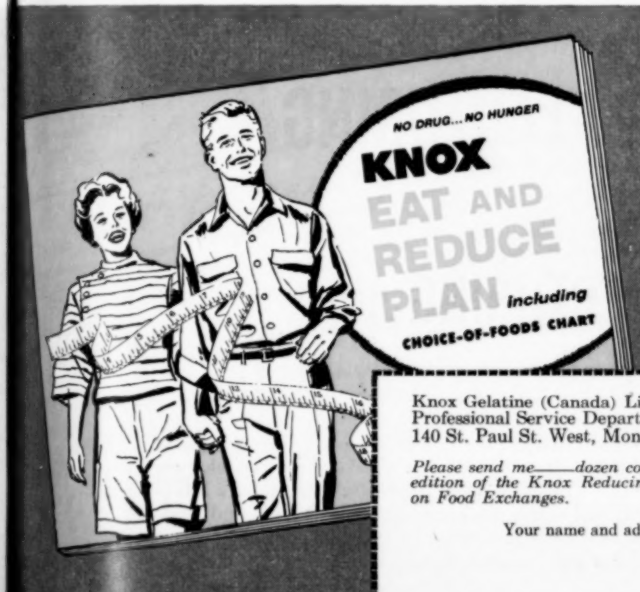
During the student's assignment to the outpatient department, she should choose a patient for a family study. The patient should be one who will be delivered during the time that the student is receiving her obstetrical experience. A visit to the home of the patient during the prenatal period, will provide the student with a more complete picture of the patient as a member of a family and of the community.

The student nurse should admit her patient to the hospital, and with guidance, follow through the total care during labor and delivery. She should care for the patient during the postpartum period in hospital, and complete her family care study by visiting the home following the patient's discharge from the hospital. She may wish to plan this visit with the public health nurse so that it falls on the day that a demonstration baby bath is given to the mother. If the mother has had instruction in a mothers' class, she may wish to return the demonstration to the nurse at home.

This family care study should be presented verbally in the presence of all the students on the service, and with such invited guests as the doctor, social worker, instructor and public health nurse.

Medicine:

It is probably more true of this field than of the other so-called basic clinical services, that until a student has some understanding of the diseases involved she cannot appreciate the challenge and the fascination of caring



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for the medical patient. She must develop an understanding of the causes, symptoms, course, treatment, prevention, and control of medical conditions as a basis for intelligent and effective nursing care.

The student, during her medical nursing experience, develops an appreciation of the importance of emotional factors in disease, and learns to deal objectively and sympathetically with patients. She acquires a knowledge and appreciation of the interrelationships of social, economic, medical, dietary, and nursing problems and the ability to cooperate with all who contribute to the total care of the patient. She develops a positive and practical health ideal which can be exercised personally and in the nursing of all patients.

The medical clinic provides an experience that is rich in opportunity for the nurse to understand the problems of communicable disease in relation to community health, and to estimate the importance of public education in the prevention and control of disease. By accepting the responsibility for teaching personal hygiene to patients in the daily practice of nursing, the student nurse begins to fill her role as a public educator.

For those conditions that have aspects of surgical significance, the student must learn what ones require surgical intervention, and the principles involved in surgical nursing so that she can give intelligent care to the patient. Here again, she will have an opportunity to appreciate the patient as a member of a family and of a community. She will teach him the necessary precautions which will prevent accidents in industry, home, and street.

Psychiatry:

Let us assume that everyone is agreed on the fact that psychiatric nursing is an integral part of the basic program. Let us also admit that all too often observation of the performance of students who have had psychiatric nursing experience, reveals that many of them cannot apply what they have learned to the care of patients in other clinical areas.

If the psychological aspects of health

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and illness have been integrated throughout the student's experience, she should be able to apply the principles of psychiatric nursing. These principles are:

a. All nursing care is directed toward the rehabilitation of the individual.

b. The nursing care is most effective if adapted to the intellectual, emotional and social development of the individual.

c. The mode of life should be reduced to the level from which the individual can adjust and progress.

d. The provision for the comfort of the patient during nursing procedures should be adapted to the specific needs of the individual.

e. The safety of the individual is of primary importance throughout the acute and convalescent phases of illness.

(To be continued)

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Ontario

The following is a list of staff changes in the Ontario Public Health Services.

Appointments — Mrs. *Mary K. (Dibden) Adams*, (The Coventry & Warwickshire Hosp. Eng., Queen's Institute of Dist. Nurs.), to Halton Co. Health Unit, from Wentworth Co. School Health Service. Mrs. *Ollwyn Butchart*, (Univ. of Alta., Edmonton) to York Township Board of Health.

Resignations — Mrs. *Mary E. (Ankcorn) Brunton* and Mrs. *Mary (Allison) Crain* from York Township B. H. Mrs. *Annie Carson* from North Dumfries and Wilmot Townships and village of Ayr. Mrs. *Glenna (Mowatt) Craig*, from Huron Co. H. U. Mrs. *Joyce (Fines) Dain* from Etobicoke Township B. H. *Edith F. Rosenow* from Amherstburg B. H.

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Next Chance — Year 2008

As this is written in January, 1958 we are preparing for a meeting of the Pageant Committee with Mr. John Maddison of Maddison Production Service who is to be the producer of this special event of the Convention week. Mr. Maddison is well known to Toronto audiences for such spectacular productions as the Grandstand Show at the Canadian National Exhibition.

There is much in nursing which is exciting, moving and amusing. By turning back the pages of our history and by relating and comparing the past with the present, a vivid and stirring portrayal of nursing may be shown. Open to the public as well as to members of the nursing profession this will be an important event of our 50th Anniversary Year.

It is the hope of the Pageant Committee that, through the medium of this production, tribute will be paid to the pioneer nurses of French and British tradition. Their skill, vision, leadership and ideal of service to the people laid the foundation for Canadian nursing. Emphasis will be laid on nursing during the past 50 years and will show how nursing has been constantly adapting its practice to meet the demands of social, economic and scientific change.

Carrying out the theme of the convention "Into the Future Open a Better Way," nursing will be projected into the years ahead. The future of Canadian nursing is linked with the growth and development of Canada. Need and demand for nursing care will increase as the population expands. To meet these demands will require closer cooperation with the public — the people whom nursing serves.

Next chance — 2008? Well, this simply means that if you don't come to this review of nursing — there won't be another chance for 50 years.

Nurses in the vicinity of the Capital may want to make special plans to come to Ottawa for Monday evening, June 23rd. An active Committee on Promotion under the Chairmanship of Miss Helen Pilon will be pleased to give you information. Write to National Office.

Tickets may be obtained from National Office, 270 Laurier Avenue West — seats are available at $1.50 and $2.00 per ticket.

The Director Returns

With the return to National Office of the director of the Pilot Project for Evaluation of Schools of Nursing, plans have been made for one-day preliminary visits to the 25 schools selected to participate in the study. These visits will serve as an introduction to the full week surveys which will follow later this year. During this time, Miss Mussallem also plans to meet with the regional visitors and will have an opportunity to discuss the study with nurses across the country.

Visiting Hours Policy

In January, a CBC broadcast reported an on-the-scene report about the visiting hours policy at the Montreal Children's Hospital. The hospital advocates and maintains a policy of open visiting hours for parents of children under treatment.

On the broadcast, doctors, nurses, therapists, and parents told how the new policy alleviates the effects of the separation of the child from home and how parents become part of the treatment team and prepare themselves for after-care.

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Some Thoughts on Nursing Education

The CNA Committee on Nursing Education met in Ottawa last December. All but three members were present and all provinces but one were represented.

Financing nursing education was one important topic discussed, particularly in relation to the forthcoming hospital insurance plans.

The importance of establishing criteria for the approval of schools receiving funds was discussed, and the representative from Ontario spoke of the Report of the Working Party to Study Basic Nursing Programs. This report was published in the mid-summer 1957 *RNAO News Bulletin.*

This brought up the need for each provincial association to determine or at least estimate the cost of nursing education. The Report of the Metropolitan School of Nursing and of the Atkinson School of Nursing were commented upon in relation to costs. A study of the cost of nursing education has been completed in Saskatchewan. This report may be secured from the Sask. Registered Nurses' Association.

The need for national registration or licensure of nurses was again discussed. It was thought that the increasing use of N.L.N. Test Pool Examination and the program of accreditation of schools of nursing will make this easier to achieve.

The members reported on some of the activities and items of interest, with respect to nursing education, in their respective provinces. These included:

1. Curriculum studies and institutes on such topics as: study of curriculum for a two-year course; study of essential clinical experience for student nurses; emergency nursing in the basic curriculum; policies and standards for schools of nursing; psychiatric nursing experience.
2. Study of criteria for the issuance of Certificates of Approval to schools of nursing.
3. Organization of instructors' groups for mutual benefit of professional contact, to plan for educational programs and work on the revision of the minimum curriculum.
4. Study of examinations — various types, value of oral and practical, and survey of the results of Test Pool examinations during a trial period.
5. Recruitment programs.
6. Work shops and institutes on "Student Effectiveness Factor," and "Staffing Patterns."
7. Accreditation — One province is conducting a study of accreditation and how schools of nursing could prepare for this. Another province is planning an accreditation program for the schools of nursing.
8. Community planning — In one province the nurses are members of a Citizens' Committee working on hospital insurance and high school planning.

Canadian nurses owe much to their provincial and national committee members for their interest and enthusiasm and their willingness to expend so much time and effort into studying ways and means of improving nursing service and nursing education.

On Growing Old

The Committee on Aging of the Canadian Welfare Council published its first bulletin in December, 1957, entitled "On Growing Old." This bulletin will be published quarterly and is free of charge.

The Committee, under the Chairmanship of Senator Muriel McQ. Fergusson, hopes that through this publication it will be able to tell something of what is going on in new services, legislation, periodicals, films and research.

They are interested in knowing what you and your organization are doing in the field of geriatrics. If you have information which you think would be of interest to others write to the Editor, Committee on Aging, 55 Parkdale Avenue, Ottawa.

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Sask. Miss Dorothy Duxbury,
417 Bottomley Ave. N.
Saskatoon, Sask.

Man. Miss Ina I. Broadfoot
226 Osborne St. S.
Winnipeg, Man.

Elsewhere in this issue, details of travel plans are announced. Complete the form and *All Aboard for Ottawa.*

Dr. Alistair MacLeod, assistant director, Mental Hygiene Institute, Montreal, will participate in a session on Mental Health.

Nurses Registered to date (Jan. 1958), 32 graduate and 4 student nurses.

Single rooms are limited. Please make arrangements to share a room with a friend.

Le Nursing à travers le pays

Le prochain JUBILE — en l'an 2008!

Au moment où nous rédigeons cette chronique, janvier 1958, nous sommes à préparer une réunion du comité chargé de l'organisation du grand spectacle historique, le clou du Congrès biennal, qui sera sous la direction de M. John Maddison de l'Agence théâtrale "Maddison Production Service" et qui assistera à cette réunion. M. Maddison est avantageusement connu à Toronto où il a dirigé de grands spectacles comme celui de la Cavalcade à l'Exposition Nationale.

Un retour sur la profession d'infirmière ne peut manquer d'offrir aux spectateurs des faits passionnants, émouvants et amusants. En tournant les pages de notre histoire et en comparant le nursing d'autrefois à celui de nos jours nous y trouverons un tableau intéressant et vivace de l'activité de notre profession à travers les années. Le public, tout autant que les membres de la profession, sera invité à ce spectacle, événement important de notre Jubilé d'Or.

Nous présumons que le Comité du Grand Spectacle ne manquera pas, dans les scènes qui seront présentées, de rendre hommage aux infirmières pionnières sous le régime français ou de la discipline de Nightingale. L'habileté, le courage et le noble idéal de ces devancières sont à l'origine du nursing canadien.

L'on appuiera particulièrement sur le nursing depuis cinquante ans dont on s'efforcera de démontrer l'évolution dans la pratique, s'adaptant aux changements sociaux, économiques et scientifiques.

Le thème du congrès "Améliorer la voie vers l'avenir" nous fera entrevoir le nursing dans les années futures. L'avenir de la profession d'infirmière est lié à la croissance et au développement du Canada. Les besoins et les demandes de services d'infirmières seront toujours en raison de l'augmentation de la population et pour y répondre, une étroite coopération avec le public s'impose.

Le prochain Jubilé — 2008! Eh! bien, cela veut dire que si vous manquez votre chance d'assister à cette revue du nursing, vous ne la retrouverez pas avant 50 ans.

Les infirmières de la région d'Ottawa désireront peut-être faire des projets pour venir à Ottawa le lundi soir, 23 juin, à la première représentation du Grand Spectacle.

Un comité de publicité très actif, sous la direction de Mlle Hélène Pilon, sera heureux de vous donner des renseignements. Ecrivez au Secrétariat National, 270 ouest, Avenue Laurier, Ottawa, Ont. où vous pouvez vous procurer des billets au prix de $1.50 et de $2.00 par place.

La Directrice revient

Avec le retour de Mlle Mussallem, directrice de l'étude sur l'évaluation des écoles d'infirmières, des projets ont été faits en vue d'une visite probable d'une journée aux 25 écoles choisies pour cette étude. La visite d'évaluation se fera plus tard au cours de l'année. Mlle Mussallem se propose aussi de rencontrer les visiteuses régionales ainsi que de profiter de l'occasion pour discuter de cette étude avec des infirmières à travers le pays.

respectfully we submit . . .

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Heures de visites à l'hôpital

En janvier dernier, Radio-Canada présentait, sur le vif, un rapport sur la ligne de conduite adoptée par le "Montreal Children's Hospital" concernant les heures de visites. L'hôpital s'est démontré en faveur du maintien d'un règlement ne limitant pas les heures de visites à un temps déterminé, pour les parents visitant leurs enfants à l'hôpital. Au cours de l'émission, médecins, infirmières, thérapeutes et parents dirent combien cette nouvelle ligne de conduite contribuait à adoucir pour l'enfant l'éloignement de son milieu et comment, ainsi, les parents devenaient membres de l'équipe chargée des soins de l'enfant, se préparant ainsi aux soins qu'ils devront lui donner à son retour au foyer.

Le Conseil Canadien du Bien-Etre de l'Enfance a enregistré ce reportage sur bande sonore que l'on peut louer aux conditions suivantes :

$1.00 pour la première semaine ou partie de semaine.

0.50 pour chaque semaine consécutive ou partie de semaine.

Les hôpitaux ou associations désirant acheter ce reportage peuvent se procurer une bande sonore au prix de $5.00. Veuillez vous adresser à :

The Canadian Welfare Council,
Publications Division,
55 Parkdale Avenue,
Ottawa 3, Ont.

Quelques réflexions sur la formation des Infirmières

Le Comité de l'Education en Nursing de l'A.I.C. s'est réuni à Ottawa en décembre dernier. Toutes les provinces, sauf une, y étaient représentées et seuls trois membres du Comité manquaient à l'appel.

Comment l'éducation des infirmières sera-t-elle financée, fut une des questions importantes discutées, particulièrement en rapport avec les projets d'assurance-hospitalisation à l'horizon.

L'importance d'établir des critères pour l'approbation des écoles subventionnées fut étudiée et la représentante d'Ontario parla du rapport présenté par le Comité chargé d'étudier les Programmes d'Etudes de base pour écoles d'infirmières. Ce rapport fut publié durant l'été 1957 dans *le bulletin de l'Association des Infirmières enregistrées de l'Ontario.*

Cette discussion mit sur le tapis la question de la nécessité pour chaque association provinciale de déterminer ou tout au moins d'estimer le coût de l'éducation des infirmières.

Le rapport de l'Ecole Métropolitaine d'Infirmières de Windsor, Ontario et celui de l'Atkinson School of Nursing furent commentés à ce sujet. (Dans la province de Québec, l'expérience faite à l'Ecole de l'Hôpital Maisonneuve donnerait les mêmes indices.) Une étude sur le même sujet est actuellement poursuivie en Saskatchewan ; nous espérons que le rapport en sera publié prochainement.

La nécessité d'une licence ou d'un enregistrement national fut de nouveau discutée. L'on est d'avis que l'uniformité des examens par l'emploi plus répandu de l'examen unifié (Pool Test Examination) de la N.L.N. et l'accréditation des écoles d'infirmières aideront à atteindre ce but.

Les membres du Comité ont fait rapport de quelques-unes des activités touchant l'éducation qui se poursuivent dans leurs provinces respectives, entre autres :

1. Revision des programmes d'études, colloques sur différents sujets tels que : étude d'un programme pour cours de deux ans ; étude de l'expérience clinique essentielle à une élève infirmière ; soins d'urgence dans le cours de base ; règles et normes pour écoles d'infirmières ; expérience en psychiatrie.
2. Etude de critères en vue de la remise de certificats d'approbation aux écoles d'infirmières.
3. Organisation du groupe des institutrices pour leur avancement professionnel, pour la préparation de programmes éducatifs et la revision des programmes minimums.
4. Etude sur les examens — différents genres d'examens, valeur des examens oraux, pratiques et enquête sur les résultats d'un examen unifié (Test Pool) pendant une période d'essai.
5. Programmes de recrutement.
6. Journées d'études, colloques sur "les facteurs pouvant influencer le rendement des étudiantes" et le "placement du personnel" (modèles).
7. Accréditation — Une province fait actuellement une étude sur l'accréditation et sur la façon dont les écoles d'infirmières peuvent s'y préparer. Une autre province projette un programme d'accréditation pour les écoles d'infirmières.
8. Projets d'ordre social — Dans une province, des infirmières sont membres d'un comité de citoyens s'occupant d'étudier les assurances d'hospitalisation ainsi que l'organisation des écoles supérieures.

Les infirmières canadiennes doivent avoir

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une grande reconnaissance envers les membres de leurs comités provinciaux et national pour leur intérêt et leur enthousiasme, qui n'épargnent ni leur temps ni leurs efforts, dans la recherche de moyens pour améliorer le soin des malades et la formation de l'infirmière.

En Vieillissant!

Le Conseil Canadien du Bien-Etre vient de publier son premier bulletin, en décembre 1957, intitulé: "En Vieillissant" (On Growing Old). Ce bulletin sera publié quatre fois par année et distribué gratuitement.

Le comité, sous la présidence du Sénateur Muriel McQ. Fergusson, espère, par la publication de ce bulletin, pouvoir renseigner le public sur les nouveaux services offerts aux personnes âgées: législation, publications, films et recherche.

Ce comité aimerait savoir ce que vous-même ou l'organisation ou l'institution dont vous faites partie faites dans le domaine de la gérontologie. Si vous possédez des informations susceptibles d'aider les autres, écrivez au Rédacteur, Committee on Aging, 55 Parkdale Ave. Ottawa, Ont.

Train spécial pour les Infirmières Vancouver à Ottawa

Veuillez vous adresser à:

C.B. Miss Alice Wright
Executive Secretary,
2524 Cypress St.,
Vancouver, B.C.

Dans nue autre partie de cette revue, les projets de voyage sont annoncés en détail; remplissez la formule et, en route pour Ottawa.

Le Dr. Alistair MacLeod, directeur-adjoint, Institut d'Hygiène Mentale, Montréal, sera au programme de la séance sur l'Hygiène Mentale.

Nombre d'inscriptions pour le Congrès Biennal, à cette date — janvier 1958.

32 infirmières — 4 étudiantes.

Les chambres simples sont rares. Nous vous prions de bien vouloir partager une chambre avec une compagne.

Annual Meeting in Prince Edward Island

A HIGHLY SUCCESSFUL annual meeting of the Association of Nurses of Prince Edward Island was held last fall in the nurses' residence of the Prince County Hospital, Summerside. In the absence of the president, Miss Ruth Ross, the meeting was chaired by the first vice-president, Mrs. Vera MacDonald, Montague.

The meeting was officially opened with an invocation by Rev. Donald MacKay. Greetings were brought by His Worship W. A. Currie, Mayor of Summerside; B. D. Howatt, M.D., provincial health officer, L. E. Prowse, M.D., President of the P.E.I. Branch of C.M.A.

Hospital Insurance — A symposium under the chairmanship of Miss Barbara Smith dealt with this topic. Mrs. Helen Bolger discussed "Steps Leading to Hospital Insurance in Prince Edward Island." Dr. Lemuel Prowse, in an interesting manner, gave a detailed analysis of Bill 320. This was followed by a discussion of the cost of hospital insurance in Canada by Dr. A. R. Grant of Summerside. The final speaker, Miss Dorothy M. Percy, presented a picture of the possible impact on nursing of a national hospital insurance plan. The entire presentation stimulated much discussion among the members.

After an intermission the members heard a comprehensive address by Sister Mary Felicitas, director of the school of nursing, St. Mary's Hospital, Montreal, on "New Developments in Nursing Education and Nursing Services."

Recommendations — Those which resulted from the deliberations at the meeting were as follows:

1. That financial assistance be given to the Pilot Study for evaluation of nursing schools in Canada from general association funds in the amount of $1.00 per member.
2. That the practicing membership fee for annual membership in the Association of Nurses of Prince Edward Island be raised from $8 to $12.
3. That a Civil Defence Nursing Consultant be appointed for the province on a part-time basis.
4. That a Hospital Insurance Committee be formed as a subcommittee of the Nursing Service Committee for the following purposes: a. To study our nursing needs and submit a report to the CNA to be presented at the National Conference on Nursing in Ottawa. b. To submit a brief to the Citizens Committee concerning Hospital Insurance.

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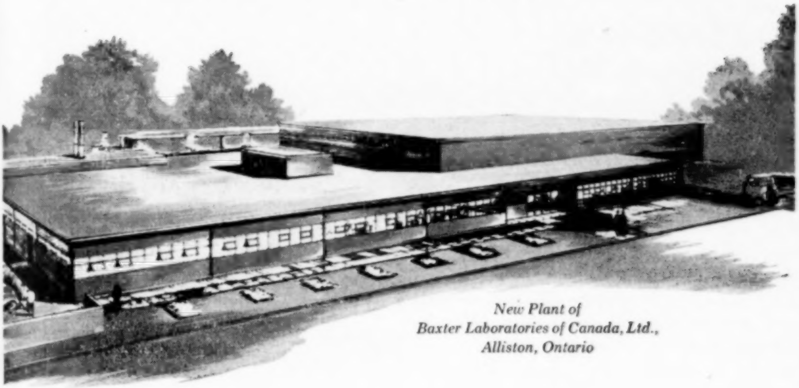

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We thank you in the medical, nursing and hospital professions throughout the Dominion who have encouraged and helped us in our tasks.

More than our thanks, we offer a pledge to augment our efforts and facilities to provide new products and continued service in the years ahead.

In keeping with this pledge, we take a major step... the opening of our new laboratories. We dedicate these modern research and production facilities as a place of work, and also as a symbol of progress to come.

We shall exert every effort to make this symbol a living thing... in further service to you.

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Alliston, Ontario

The guest speaker at the dinner was Miss Dorothy Percy, Chief Nursing Consultant, Department of National Health and Welfare, who gave the members a scholarly presentation on mental health nursing captioned "A Sound of Going in the Mulberry Tops."

The meeting closed with the report of the scrutineers. The following nurses were elected to the council: Miss Marjorie Cox, Miss Frances MacMillan and Sister Mary Hermina, Charlottetown; Mrs. Robert Palmer and Mrs. Donald MacKay, Summerside.

Hattie MacLaine, R.N.
Chairman
Committee on Public Relations

Sélection

Valeur d'un plan de retraite pour le personnel d'un hôpital

L'infirmière appartient à la classe des économiquement faibles; un arrêt de travail, une maladie suffisent pour diminuer un capital et menacer la sécurité de sa vieillesse. Elle a donc besoin de protection qu'elle ne peut obtenir qu'en contribuant à une caisse de retraite.

Le plan de pension ou caisse de retraite doit reposer sur la philosophie suivante: "assurer au retraité une pension pour *toute sa vie de travail.*" Ses années de travail sont considérées comme un capital investi dans la société pour lequel à sa retraite, il reçoit un intérêt sous forme de pension. Les plans de pensions pour le personnel des hôpitaux ont la même valeur que pour les employés de l'industrie. En moyenne, le nombre d'année que le retraité a à vivre égale 50 pour-cent du nombre d'années passées au travail.

Avantages

L'employé possède une sécurité que rien ne peut remplacer. Il acceptera même parfois certaines conditions de travail, moins bonnes qu'ailleurs si ses années de service lui donnent des bénéfices de pension.

L'hôpital qui offre un bon plan de pension attirera une meilleure catégorie d'employés. Les employés plus âgés qui ne peuvent plus donner un service satisfaisant pourront se retirer à un âge convenable. Il ne deviendront pas une charge pour l'hôpital.

Enfin, le plan de pension stabilise le personnel. L'auteur de l'article fait la remarque suivante:

> A moi, qui ne suis pas d'un hôpital, il semble qu'à l'hôpital l'on dépense le plus d'argent possible pour les locaux et l'équipement et le moins possible pour les personnes qui ont la responsabilité de faire fonctionner l'hôpital.

Qualités essentielles d'un plan de pension

La pension doit être transférable — même la partie payée par l'employeur. Des crédits de pension devraient passer d'un hôpital à l'autre lorsque l'employé change de position. Ceci est particulièrement important pour les infirmières qui, tout en passant leur vie au soin des malades, ne le font pas toujours dans un seul hôpital.

Le plan doit aussi prévoir une remise de contribution, en cas de cessation du travail ou de décès.

En établissant un plan de pension, on doit tenir compte, pour le personnel actuel, des années de service des anciens employés afin qu'à leur retraite ils reçoivent une pension en raison de leur vie de travail.

—*Canadian Hospital*, mars et sept. 1957.

La signification du mot "Service"

Selon le dictionnaire, un "service" est une tâche accomplie pour autrui, une aide ou une faveur accordée à un tiers. Tout service véritable est caractérisé par une initiative prise dans l'intérêt d'un autre et par le désir d'améliorer la situation de ceux qui nous entourent. Quelque minime qu'il paraisse aux yeux des hommes, un service rendu est toujours récompensé.

La condition essentielle d'un service est la bonne volonté. Un acte accompli à contre-coeur ne saurait être un véritable service. Celui qui accorde une faveur à quelqu'un par désir de paraître, d'inspirer de la reconnaissance ou de se rendre populaire ignore le sens du mot "service." C'est le coeur qu'on met à le rendre qui représente la valeur réelle d'un service. La satisfaction d'avoir rendu service est plus grande que toutes celles obtenues par des actes égoïstes.

—Edouard Kuezler,
American Junior Red Cross Journal

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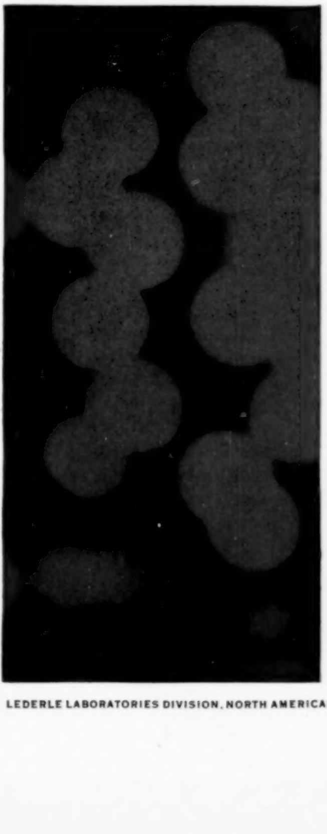

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Lederle
CANADA

Book Reviews

Drugs and the Mind by Robert S. de Ropp, Ph. D. 287 pages. The Macmillan Company of Canada, 70 Bond Street, Toronto 2. 1957.

Reviewed by Miss Margaret S. Prowse, R.N., B.N., Supervisor, Psychiatric Division, Montreal General Hospital.

This book gives an interesting account of the effects of certain drugs on the nervous system. For a professional reader the chapter on neuroanatomy and physiology is unnecessary. The chapter on mescaline is needlessly repetitive in its descriptive passage.

In my opinion the author, through omission, gives a biased picture of mental illness and modes of psychiatric treatment. One wonders for instance why he found it useful to describe lobotomy as a treatment for schizophrenia and neglected to mention the values of neurosurgery in the treatment of epilepsy. On the other hand the material on addictions I found to be excellent.

Principles of Microbiology by Charles F. Carter, B.S., M.D. and Alice Lorraine Smith, A.B., M.D. 625 pages. The C. V. Mosby Company, St. Louis, Missouri. 3rd ed. 1957. Price $5.00.

Reviewed by Miss Helen G. Dewar, Instructor in Microbiology, Victoria Hospital, London, Ont.

Here is a comprehensive, up-to-date, revised text, which has deleted extraneous material and yet retained necessary basic detail. Topics are discussed under headings and subheadings. There are many excellent illustrations. Salient points are enumerated. Terms and pertinent data are in italics, thus making them more easily identified. Each chapter and unit is followed by thought-provoking, practical questions and a list of recent references.

In this text can be found the latest information on cat-scratch disease, Salk vaccine, adenoviruses and the indications and relationship of the newer antibiotics and sulfonamides to the various causative agents. The authors have included an excellent glossary, which is a necessary adjunct to any scientific text, as well as a timesaving cross-index. The material is expressed with clarity and has been arranged into five main units.

The first unit gives a complete history dating up to the present time. The bacterial cell, its characteristics, conditions of growth, special activities, and the methods used to study it are outlined. The work of useful bacteria is stressed. Interesting laboratory procedures are suggested. Emphasis is placed upon the proper collection of bacteriological specimens.

The second unit deals with the inhibition and destruction of microbes. It includes a good chapter on the practical application of disinfection and sterilization in the hospital.

The third unit encompasses such material as infection, immunity, body defences, transmission and hypersensitiveness.

The fourth unit describes all pathogenic microbes and parasitic agents. Each one is discussed as to general characteristics, classification, pathogenicity, toxicity, sources and modes of transmission, diseases caused, laboratory diagnosis and preventive measures to be taken.

The last unit is devoted to community health. It includes recommended methods of inoculation and of sanitation of milk and water supplies.

In the main, the authors have achieved their aim to present an up-to-date, practical text on basic principles of microbiology.

This text would be an excellent reference book in the student nurses' library, and of great value to the instructor.

Sociology and Its Use in Nursing Service by Gladys Sellew, B.S., R.N., Ph.D. and Paul Hanley Furfey, Ph.D., Ll.D. 502 pages. W. B. Saunders Company, Philadelphia; Can. Dist.: McAinsh & Co., Limited, 1251 Yonge Street, Toronto 7. 4th ed. 1957. Price $5.00.

Reviewed by Miss M. Jean Dodds, Clinical Instructor, General Hospital, Toronto.

In revising this book, the authors have divided it into three parts. The first provides the reader with general concepts of sociology. It shows how society shapes the individual through the influence of social norms, mores, folkways and laws. The early culture of the United States is presented and compared with that of such countries as Asia and China. It is recognized that everyone belongs to a group, and that those within a group may have "like" or "common" interests. Only "common" interests within a group can achieve success in solving a problem. Common interests lead to identification

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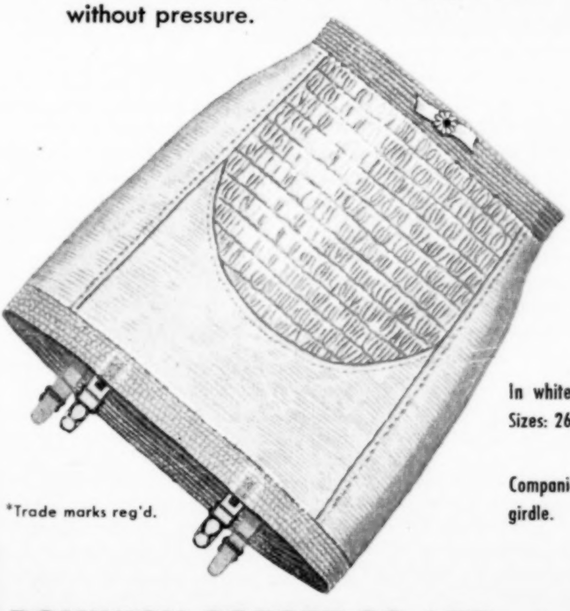

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one with another, and have one goal as the aim.

Part II presents the social foundations of health. We are shown how social disorganization as exemplified by behavior problems, lack of sanitation, poor housing and poverty, can lead to illness. "Health problems are social problems." Hospital nurses are often concerned only with illness, while public health nurses often see the patient only when he is well. An appeal is made to all nurses to realize the importance of prevention, and to "think of sickness in relation to the total health history of the individual." Through nurses playing an important part in the "mass attack" on social problems, nursing has become interrelated in the general cultural change.

In Part III, social sciences in public health and clinical nursing are considered. The relationship of the student nurse and her patient; the patient as a member of a family and a community; the necessity of fulfilling emotional as well as physical needs of a patient, are stressed. The authors feel that a study of psychology and sociology will aid nursing students in understanding their patients. There is a need to help maintain personality during illness. "Illness *can* be a socializing process." Particular problems of children, adults and the aged are discussed. Nursing care should be creative. Each patient requires a new and different application of theory and skill.

The authors have provided fundamentals of sociology, and have shown how they can be applied in nursing. This should assist the nursing student to understand herself better as a member of society and to help her in her relationships with her patients. Sections of Part II were somewhat repetitive, but it is recommended that this book be used as reference reading for nursing students.

Eléments Essentiels d'une Bonne Ecole d'Infirmières by National League of Nursing Education, New York. Translation by Miss Suzanne Giroux, R.N. and Madame Mongenais, A.N.P.Q. 75 pages.
Reviewed by Sister Françoise de Chantal, Director of Nursing, St. Joseph's Hospital, Sudbury, Ont.

Cette traduction apporte une aide précieuse à celles de mes consoeurs qui ne sont pas bilingues. Un coup d'oeil rapide sur la table des matières est révélateur, et une directrice saura vite intéresser les membres de la faculté de son école.

Pour avoir utilisé la version anglaise à maintes reprises, je recommande instamment l'emploi de ce petit Manuel à toutes celles qui ne le connaissent pas. A l'heure actuelle où dans tous les milieux éducatifs du nursing, nous pensons à l'accréditation et par conséquent à l'évaluation de nos écoles d'infirmières, il est indispensable à toutes les directrices de se familiariser avec ce texte.

Comme le titre l'indique cet exposé clair et précis facilitera l'évaluation et servira de barèmes de comparaison.

Qu'il me suffise de mettre en lumière quelques chapitres seulement que je trouve d'utilité exceptionnelle. Le chapitre 4: "La faculté ou corps enseignant de l'école" est simplement mais explicitement détaillé. "Le programme d'enseignement" au chapitre 6ième et "Dossiers, rapports et prospectus de l'école" au chapitre 10ième ont une valeur indiscutable. Enfin la dernière tranche de ce petit volume, intitulée "Administration" forme une synthèse des plus appréciables. Puis-je suggérer pour une deuxième impression d'inclure la pagination à la table des matières?

C'est regrettable que la traduction ait retardé de quinze ans. Mlle Giroux et sa collaboratrice Mme Mongenais méritent des félicitations sincères pour cette entreprise enrichissante.

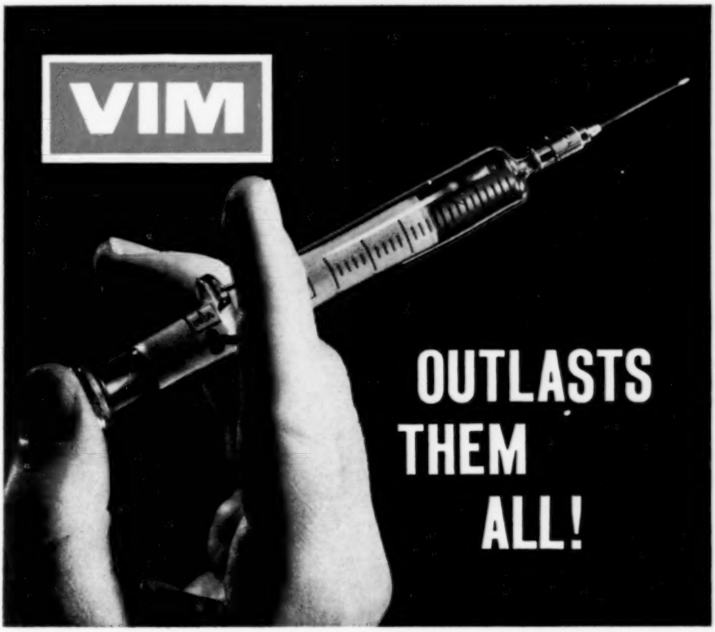
Surgery of Childhood for Nurses by Raymond Farron, M.A., B.M., B.Ch. (Oxon), F.R.C.S. (Eng.) The Macmillan Company of Canada Limited, 70 Bond Street, Toronto. 310 pages. 1956. Price $4.25.
Reviewed by Mrs. Elizabeth Wooster, 745 Rowntree Avenue, London, Ont.

The aim of the author is "to explain to the student nurse the anatomical and pathological abnormalities of infancy and childhood in so far as their surgical correction is concerned."

Emphasis is placed on the nurse's understanding of the basic factors involved in the proposed correction of the existent condition, her role in the preparation of the child preoperatively and the postoperative care that she should administer.

The introduction deals with the nurse's role as an observer which is vital to the total care of the patient. Preoperative and postoperative care including the use of sedation, prevention of dehydration and the place of blood transfusion are well outlined. The chapters describing inflammation, surgical infections and the effects of trauma are excellent.

Common inflammatory, traumatic and con-



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genital conditions of the face, chest and abdomen are outlined. Excellent diagrams of normal structure and deviations in conjunction with splendid photographic illustrations give greater clarity to the explanations. Alternate methods of treatment are suggested.

Deviations from the normal are described in terminology that should be readily understandable by the student nurse. The more common conditions, e.g., cleft palate, are explained in more detail than the rare conditions. Routine diagnostic tests are emphasized from the point of view of the nurse's responsibilities.

This appears to be a valuable book for the student nurse either as a textbook or as a library reference book.

More than 1,122,000 Canadians have received transfusions of whole blood and blood fractionation products through the Canadian Red Cross Free Blood Transfusion Service in its ten years of operation.

It is estimated that there are 200,000 leprosy sufferers in Burma — over 10 cases per 1000 population, a prevalence rate twice that of India or Thailand and the highest in South East Asia. —*World Health*

News Notes

ALBERTA

District 3

Calgary

Holy Cross Hospital

Mrs. P. (Ellis) Van de Wark was the guest of honor at several parties on the occasion of her retirement as night supervisor last fall. She had been on the staff of the hospital for 13 years. Gifts were presented to her on behalf of the sisters, graduate staff and student nurses of the hospital. C. Bawd is working in Corpus Christi, Texas; E. Linders and K. Jones are in Hawaii. S. Theilan has joined the teaching staff of her home school as a science instructor. D. Kendachi is enrolled in the public health course at the University of Alberta. Connie (Sinclair) Billingsley is doing general duty at the Cardston Hospital of which J. Stanford is the matron-administrator. Mrs. G. (Wallace) Matkin is in the operating room of the same hospital. Mrs. L. (Aldridge) Cahoon is the director of nursing at the Blood Indian Hospital, Cardston. A gift of $2300 from the alumnae association was presented to the hospital to be used to furnish the reception hall of the new nurses' residence.

High River

During 1957, the chapter was recognized as an independent unit. Showing an average attendance of 16 members and guests throughout the year, meetings have been varied and interesting. Clothes were collected to be distributed in Europe to Hungarian refugees. Topics discussed have included Britain's National Health Scheme, mental disease, rheumatic disease, and anesthesia. Tray favors for the hospital patients were made prior to Christmas and New Year's. A Hospital Day tea was sponsored and prizes for the Town and Country fair were arranged.

District 7

Edmonton

Chapter members assisted the Edmonton Council of Community Services with its project "The Study and Care of the Aging," through a $25 donation. A contribution of $20 was directed towards the purchase of books to be used by Miss Frances Ferguson in her work in Ceylon.

General Hospital

Early in January, 47 freshmen 'B' students were capped at a ceremony that was televised by the local radio station. Agnes Loiselle and Annie Ziobro were the recipients of *The Canadian Nurse* awards. Archbishop Jordan was the guest speaker. Rose Mary McClain of the Victorian Order of Nurses was a recent visitor to the school. T. Knapik has replaced Mrs. B. King as an instructor. The school of nursing was the recipient of a T.V. set for the students and a coffee urn — gifts of the medical staff. Members of the faculty presented Sister Ste. Croix with a creche of the Nativity.

Royal Alexandra Hospital

In retrospect, the alumnae association had a busy and interesting year of activities during 1957. Jean Hamilton retained her office as president for a second term and guided events. Miss Frances Ferguson, who

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established the first school for nurses' aides in Ceylon and who is presently setting up others, was a special guest speaker at one meeting. She discussed her work, stressed the physical needs of the school with specific reference to textbooks, and showed an interesting selection of slides. The association paid particular honor to Mrs. M. Hamilton, head dietitian, who retired after 33 years of service. A spring tea and a Fall fashion show augmented the scholarship fund. The scholarship is awarded every second year to one graduate of the hospital wishing to do postgraduate university work or to two graduates wishing additional experience in another hospital. Miss W. Riley and Miss Harford who have spent some time travelling in various parts of the world shared their experiences with the alumnae members through a showing of slides.

The year 1958 is an anniversary for the school of nursing marking the 50th year that a class has been graduated.

Jasper

Chapter members have assisted with several health projects over the past 12 months. A number of nurses worked in the Red Cross Blood Donor clinic during its successful visit to the area. The T.B. Mobile Xray unit recorded an attendance of 1604. Again, local nurses assisted. The T.B. Association received the support of the chapter in its Christmas Seal campaign and an immunization program for preschool children was given volunteer assistance as well. A visit by Mrs. W. Roscoe from the Indian and Northern Health Services to one of the chapter meetings was much appreciated. Her description of her work with this department proved very interesting.

District 8

Claresholm

Chapter members took a very active part in assisting the Red Cross Blood Donor's Clinic late last fall. They helped to advertise the campaign, acted as receptionists, kept lists of donors and blood types and worked in the recovery rooms. They also participated in a Civil Defence Day held at the Municipal Hospital. Guest speakers at meetings throughout the year have included an anesthesiologist who discussed his specialty; an optometrist and a local lady who discussed deafness and showed a film related to this affliction.

Lethbridge

This chapter reports a successful year, socially and financially. A variety of guest speakers have shown films or presented a discussion on alcoholism, mental health, staffing patterns, tranquilizers, and a trip through Europe. Six members were provided with $25 towards expenses incurred in attending the 1957 annual provincial convention. The new graduates of St. Michael's School of Nursing and the Galt School of Nursing were entertained at a coffee party. A drawing for a ham and two food hampers, bridge parties, a tea and pantry sale and a dance helped to raise the funds necessary to meet financial obligations and leave a substantial bank balance.

BRITISH COLUMBIA

Comox

Miss M. G. McQuinn was hostess to Plateau Chapter members at their January meeting. The Future Nurses' Club and the part to be taken by this unit in provincial centennial observances were discussed thoroughly. Mrs. Hind reported briefly on her attendance at a civil defence course in Victoria. She stressed the part that could be played by local Red Cross and St. John Ambulance groups in training people for emergency conditions. Dr. J. D. Hough was

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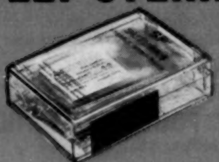

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the guest speaker with "Surgery Yesterday and Today" as his subject.

KAMLOOPS

The controversial article by Dr. H. B. Atlee, "The Farce of Nursing Education," formed the basis of a panel discussion at a recent meeting. Two doctors, a director of nursing education, two head nurses and a nurse who had recently returned to active duty after years of retirement formed the panel. Discussion by the panel members and participation by the audience was so lively that it was considered advisable to form a committee to decide on future steps. This chapter is sponsoring a very successful Future Nurses' Club under the direction of Miss Mary Rowles. During the past year a scholarship was awarded to Miss Ruth Vidal for postgraduate study in public health nursing at McGill University. Members have enjoyed a wide range of speakers on medical topics and professional matters. Slides and films have added to the interesting nature of the programs.

TEST POOL EXAMINATIONS
FOR
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IN
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To take place on May 14, 15 & 16, 1958 at Halifax, Yarmouth, Amherst, Sydney & Antigonish. Requests for application forms should be made at once & forms must be returned to the Registrar **not later than April 7, 1958,** together with:—

1. **Diploma of School of Nursing**
2. **Fee of Fifteen Dollars ($15.00)**

No undergraduate may write unless he or she has passed succesfully all final school of nursing examinations & is within six (6) weeks of completion of the course in nursing.

NANCY H. WATSON, R.N., REGISTRAR,
THE REGISTERED NURSES' ASSOCIATION
OF NOVA SCOTIA,
73 COLLEGE STREET, HALIFAX, N.S.

Royal Inland Hospital

During 1957, the social event of greatest significance was the very successful reunion that saw 222 graduates registering for the festivities. At the graduation exercises, Grace Rosen was the recipient of the alumnae prize in pediatric nursing given annually. The members also contributed to a general fund to purchase a television set for a member disabled by poliomyelitis. One of the main projects for 1958 is the purchase of a set of dissecting instruments for the school of nursing and the setting aside of a fund to purchase laboratory slides. The election produced the following slate of officers: Mrs. R. G. Walker, pres.; Mmes R. J. W. Jamieson, A. G. F. Barclay, vice-pres.; Mrs. A. J. Duck, sec.; Mrs. S. Dalgleish, treas.

NEW BRUNSWICK

MONCTON

Under the chairmanship of Miss K. Richardson a panel discussion based on the Nursing Institute held in Saint John last fall was presented at a recent chapter meeting. Sister Edmee Marie and Sister Lorette Marie, Hotel Dieu Hospital, Dorothy Godfrey, Norma Jeffery, Margaret Matchett and Joy Lewis all of Moncton Hospital, formed the panel. A contribution by the chapter to the fund for the Pilot Project was acknowledged by the provincial association. Tribute was paid to the memory of two members —

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Miss Nellie Good and Miss Audrey MacDonald — by a minute of silence.

Saint John

General Hospital

The first cobalt "bomb" to be set up in the maritime provinces was installed early this year in the new radiotherapy department. It was expected that the unit would go into use towards the end of February. The senior class of student nurses held a formal dance during the Christmas season.

St. Joseph's Hospital

A cheque for $1,000 was presented to Sister Veronica by the Ladies Auxiliary for the Building Completion Fund. The Auxiliary sponsored the Lincoln Trophy Concert in which a number of choirs competed. Proceeds from the concert formed the contribution.

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NOVA SCOTIA

Sydney

City Hospital

A play "The Spirit of Christmas" presented by the student nurses during the past Christmas season proved so entertaining that it was held a second evening to give parents and friends an opportunity to see it. The proceeds are to be used in entertaining student nurses attending the annual provincial convention in June of this year.

ONTARIO

District 1

London

Victoria Hospital

In preparation for observance of the 75th anniversary of the school of nursing, the alumnae association has drawn up the following program. Graduation ceremonies for the class of '58 will be held on May 22. A Jubilee dinner has been arranged for the following evening at the Hotel London. On May 24 graduates will be guests at a garden party to be held on the hospital grounds with class parties following. On Sunday, May 25 a church service will be held. A very delightful reunion is anticipated.

District 3

Guelph

General Hospital

A total of 10 meetings as well as a successful Spring tea, Fall dance and alumnae dinner were held by the association during the year 1957. The annual bursary of $150 was awarded to a student beginning her training and $300 was presented to the Hospital Board in partial fulfillment of an amount pledged to purchase classroom equipment for the new nurses' residence. Programs during the past year have been varied. Dr. G. Secord gave a vivid description of his work in Baffinland. The Fire Department presented the program on one occasion. A member of an industrial firm conducted a tour through the plant and a speaker from MacDonald Institute discussed new fabrics and fashion trends. Changes in the constitution were made in December. Members will note that the annual active fee is now $2.00. Mrs. Bertha (Ingles) Plummer has succeeded Miss Featherstone as president of the association. Alumnae members are anticipating the annual dinner to be held in May with much pleasure. A special invitation is extended to the out-of-town members.

District 5

Toronto

General Hospital

R. Stockley and R. Norman are enrolled for postgraduate study in the University of Toronto and N. Compton is attending the University of Western Ontario. J. Humphrey is completing her second year of the Women's Leadership Training course at McMaster University. A. Deverell and M. Medley are doing general duty nursing in Vancouver. A. Tibbetts, M. Young and S. Beatty are working in San Francisco. D. Leishman Taciuk is on the staff of the Queen Elizabeth Hospital, Montreal. H. Hill is engaged in research work in the Banting Institute. M. Scott and L. Harrison are working at the Colonel Belcher Hospital, Calgary.

Western Hospital

This is the 60th anniversary since the founding of the school of nursing. A Diamond Jubilee banquet will be held at the Royal York Hotel on June 7. Special hospital tours have been arranged. A grand opportunity for a reunion with your former classmates!

Mrs. Blanche Duncanson has resigned her position as Director of Nursing Education. Miss Lenna Smith has retired after many years of service. Miss Helen Pocock was presented with a gold watch in recognition of her 25 years of service. The class of '52 held a reunion late last fall. A dinner was held in the hospital cafeteria and a social evening followed in the nurses' residence during which the members got caught up on the most recent events within the group. The annual Spring Frolic sponsored by the alumnae association was held at the Royal York in February.

J. Scott is on the staff of the hospital at Copper Cliff; B. Lane is on 3 South of her home hospital; J. Johnson has joined the Children's Aid Society, Toronto; R. Heels is with the University Hospital, University of Saskatchewan; V. Ghent is at Emo, Ontario; H. Kelley is at the Johns Hopkins Hospital, Baltimore.

District 9

Sudbury

General Hospital

The alumnae association of Marymount School of Nursing elected the following members to office late last fall: L. Cavallin, pres.; S. Reynolds, vice-pres.; A. M. Jerome, sec.; C. Bergeron, treas.; M. Pelletier, publicity; L. Argentin, social; S. Reynolds, rep. to *The Canadian Nurse.*

Joan Punch is doing postgraduate study at Assumption University, Windsor while Marney Miller, Juanita Polack and Eunice Perrault are attending the University of Ottawa. Sheila Stephens and Marlene Laine have enrolled at the University of Toronto. During the past holiday season alumnae members enjoyed a successful Christmas party and in January, staff and student nurses attended the annual dance.

SURGICAL NURSING

By Robert K. Felter, Frances West, Lydia M. Zetzsche, and Hugh Barber. New seventh edition of a text which is outstandingly popular with students and instructors. Extensively revised. Added chapters on fluid and electrolyte balance, blood volume, hemorrhage and transfusion, surgery of the heart, thoracic disease. 760 pages, 238 illustrations, 1958. $6.50.

MEDICAL NURSING

By Edgar Hull and Cecilia M. Perrodin. Medical advances, nursing advances and teaching advances are reflected throughout this fifth edition. There is new material on skin diseases, diseases of the nose, of the mouth and throat, important infectious diseases. 848 pages, 172 illustrations. $6.50.

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SASKATCHEWAN

Saskatoon

City Hospital

The Vancouver branch of the alumnae association reports that their slate of officers for 1958 will be the same as for 1957. Mrs. L. (Thorlakson) Peterson is the president and Mrs. J. (Sharon) Phillips, secretary. A banquet has been planned for the early part of the year and the members of this group are also looking forward to their annual Spring dance.

THE ASSOCIATION OF NURSES OF THE PROVINCE OF QUEBEC

Examinations for Registration & Licensing will be held on April 14, 15 & 16, 1958 in Montreal only. Candidates will not be permitted to write these examinations until their course has been successfully completed & until they hold the diploma of the school.

Applications may be obtained from:—

A. WINONAH LINDSAY, SECRETARY-REGISTRAR, 640 CATHCART STREET, ROOM 201, MONTREAL, QUEBEC, AND MUST BE RETURNED BY MARCH 10TH, 1958, TO THE ABOVE ADDRESS.

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Advertising Rates — *$5.00 for 3 lines or less; $1.00 for each additional line.*
U.S.A. & Foreign — *$7.50 for 3 lines or less; $1.50 for each additional line.*

Closing date for copy and cancellations: 10th of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Quebec.

Registered Nurse for Matron immediately (small Municipal Hospital). Salary to start: $270 per mo. plus full maintenance, two $5.00 increases at 6-mo. intervals. Living quarters adjoining hospital. Apply: Sec.-Treas., Municipal Hospital, Cereal, Alberta.

Director of Nursing for 26-bed General Hospital presently under construction, 100 miles east of Vancouver. Position open about May, approx. 3 mo. prior to hospital completion. Apply with full particulars to: Administrator, Fraser Canyon Hospital, Hope, B.C.

Director of Nursing for 91-bed hospital (Construction of new 240-bed hospital to commence as soon as weather permits. Excellent opportunity for an individual with initiative & organizing ability. Commencing salary: $340-$390 per mo. depending on administrative experience. Annual increments. Accommodation provided at nominal charge. Please address applications stating qualifications, experience & date available to Administrator, Prince George & District Hospital, Prince George, British Columbia.

Director of Nursing Service for 155-bed, fully accredited, completely modern hospital with all graduate staff. Salary: $425 to commence; reviewed annually. 28-day annual vacation; statutory holidays; sick leave. Private suite in residence, $20 monthly. Apply stating age, experience & references to the Administrator, Trail-Tadanac Hospital, Trail, B.C.

Superintendent of Nurses, Muskoka Hospital (Tuberculosis). Please send application or enquiries to Dr. C. B. Ross, Superintendent, Muskoka Hospital, Gravenhurst, Ontario.

Matron for 9-bed hospital. Duties to commence March 8th if possible. Please apply stating experience, salary required & professional standing to: D. J. Wiley, Secretary, Saltcoats & District War Memorial Hospital, Saltcoats, Saskatchewan.

Assistant Matron with postgraduate preparation for 140-bed hospital with building program in operation. For further information, write Acting Matron, King Edward VII Memorial Hospital, Bermuda.

Obstetrical Supervisor with postgraduate training for 20-bed department in 106-bed hospital. Area of supervision includes case-rooms, ward & nurseries. Construction on new hospital to commence this year. For further information write to: Director of Nursing, Prince George & District Hospital, Prince George, British Columbia.

Operating Room Supervisor for large Sanatorium. Experience in Chest Surgery desirable. Salary according to qualifications. Good personnel policies. Apply Director of Nursing Service, The Beck Memorial Sanatorium, London, Ontario.

Ward Supervisors (2) for rotating service (days, evenings, nights) immediately for 150-bed tuberculosis hospital. First letter should **give** full details, age, training, experience, salary & date available. Apply: Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. E., Montreal 5, Quebec.

Obstetrical Supervisor for new department with rooming-in facilities & regular postpartum care. Closed staff. Responsible for delivery & labor section, constant care unit, postpartum & nursing division. B.S. Degree required with experience as head nurse. For further information, please write Mrs. Irene D. Lewis, Personnel Director, The Cleveland Clinic Foundation, 2020 E. 93rd St., Cleveland 6, Ohio.

Openings for teaching personnel in clinical fields — Medical, Surgical, Orthopedic & Class Room Instructor in Nursing Arts. Applications to be made to: Director of Nursing, Royal Alexandra Hospital School of Nursing, Edmonton, Alberta.

Science Instructor — Clinical Instructor for General Hospital — 40 students — 1 class a year. For further information please apply to Director of Nursing, St. Joseph's General Hospital, Vegreville, Alberta.

Medical—Surgical Instructor. Classroom & clinical teaching. Classes approximately of 20 students. Apply Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Science Instructor for small training school. 1 Class per year. Position now open. Apply to Superintendent, Carleton Memorial Hospital, Woodstock, New Brunswick.

Lecturer in Medical-Surgical Nursing for September 1, 1958. Apply to: Director, School of Nursing, McMaster University, Hamilton, Ontario.

Instructor for 8-wk. affiliation program in large sanatorium. Salary according to qualifications. Good personnel policies. Apply Director of Nursing Service, The Beck Memorial Sanatorium, London, Ontario.

Instructors (Men or Women — Immediately) for medical & surgical, pediatric, psychiatric & premature nursing. School of nursing averages 100 students. Full NLN accreditation. 1 class enters yearly. Salary ranges from $390-$420 monthly. 40-hr. wk. **Administrative Supervisors** (2), Men or Women, for nursing service in 400-bed General Hospital, JCAH accredited. Starting salary: $415 monthly. 40-hr. wk. Reasonably rated single room accommodations available. Apply Director of Nursing, Mount Sinai Hospital, Chicago 8, Illinois.

Head Nurses & Registered General Duty Nurses for surgical, medical & obstetrical depts. Gross salary for nurses currently registered in Ont.: $235 per mo. — extra allowance made for head nurses. Good personnel policies. New facilities. Comfortable nurses residence. 8-hr. rotating shift, 44-hr. wk. 1 day off 1 wk., 2 the next. 1½ day holiday allowed per mo., same sick time accumulated to 90 days. 8 legal holidays per yr. The equivalent of single train fare paid up to $40 after 1 yr. service. Apply Superintendent, Lady Minto Hospital, Cochrane, Ontario.

Head Nurses & General Duty for 150-bed tuberculosis hospital. First letter should give full details: age, experience, when available, salary expected. Apply to Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. E., Montreal 5, Quebec.

Staff Nurses — Registered & Practical for 56-bed mission hospital operated by the United Church of Canada. Basic Salaries: $235 & $180 respectively, with holiday pay, increments & travel allowances for service. Apply to Dr. J. E. Whiting, Administrator, Wrinch Memorial Hospital, Hazelton, British Columbia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

McKellar General Hospital, Fort William, Ontario requires **General Duty Staff Nurses** interested in coming to northwestern Ontario. Basic salary, $240 per month. Good personnel policies. Renovation program now complete. Openings in all departments. For further information apply to the Director of Nursing.

Staff Nurses for 600-bed General & Tuberculosis Hospitals with student programs. In central valley, city of 108,000. State & Junior Colleges afford opportunity for advanced education. Salary $320 with 4 annual increases to $360. Full maintenance $45 per mo. Liberal personnel policies. Apply Associate Director of Nursing Service, County General Hospital, Fresno, California.

General Staff Nurses for 370-bed approved General Hospital with intern & resident program. $300 per mo. starting salary. $15 per mo. increases at 6, 12, 24, & 36 mo. 40-hr. wk. 2-wk. paid vacation, paid sick leave, 7 paid holidays. Pleasant coast city in outstanding recreational area. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Graduate Staff Nurse (Opportunities in the United States) for well-equipped 400-bed, non sectarian General Hospital affiliated with medical school. New salary rates: Day-shift, $340-$370 per mo., afternoon & nights, $370-$400 per mo. Comfortable, low-cost living accommodation available in attractive residence building. Apply to Director of Nursing Service, Mount Sinai Hospital, 2750 West 15th Place, Chicago 8, Illinois.

Registered General Duty Nurses (2) immediately for 76-bed fully modern hospital on C.P.R. main line & Trans-Canada Highway to Calgary & Banff. Gross salary: $230 per mo. Perquisites $30. $5.00 increment every 6 mo. 8-hr. day, 44-hr. wk. 1 mo. annual vacation with pay. Sick leave with pay. Apply to Matron, Brooks Municipal Hospital, Brooks, Alta.

Registered Nurses for 52-bed hospital, situated on main line between Calgary & Edmonton. Salary: $236 with $26 full maintenance. $5.00 increments at 6 mo., 1 yr. & 2 yr. 8-hr. day, 44-hr. wk. 1 mo. vacation after 1 yr. of service. Apply to the Matron, Mrs. E. Harvie, Municipal Hospital, Lacombe, Alberta.

Registered Nurses for general duty. New 30-bed hospital. R.N.A.B.C. policies in effect. Please apply Matron, Creston Valley Hospital, Creston, British Columbia.

Needed dedicated Christian **Registered Nurses** for Esperanza General Mission (22-bed hospital). Opportunities for witnessing for the Lord. Salary: $100 clear. 6-day wk. 10-hr. day. Apply Dr. H. A. McLean, Ceepeecee, Vancouver Island, British Columbia.

Registered General Duty Nurses. Salary: minimum, $230 — maximum, $265. Evening duty, additional $10. 40-hr. wk. Statutory holidays, liberal sick time, pension plan, holiday allowance. Accommodation available in nurses' residence. Uniforms laundered free. Apply Director of Nursing, Winnipeg Municipal Hospitals, Morley Avenue, East, Winnipeg 13, Manitoba.

Registered or Graduate Nurses for 22-bed hospital situated along U.S.A. border. Please apply to Superintendent, Grand Falls Hospital, Grand Falls, New Brunswick.

Registered General Duty Nurses (Immediately). Salary: $230 per mo. gross. 40-hr. wk. Excellent personnel policies. Apply Director of Nursing, General Hospital, Cobourg, Ont.

Registered General Duty Nurses for new 58-bed hospital situated in northwestern Ontario. Gross salary: $237 per mo. subject to increase after 6 mo. Regular annual increases thereafter to $269 per mo. $45 per mo. room & board. New 21-bed nurses' residence — single rooms. 30 day annual vacation, 6 statutory holidays. Cumulative sick leave. Rail fare refunded after 1 yr. For further information & application form write to Director of Nursing, District General Hospital, Dryden, Ontario.

Registered General Duty Nurses for modern 18-bed private hospital in iron mining town, 180 miles north of Sault Ste. Marie, Ont. Starting salary: $225 minimum to $290 maximum for experience, less $20 per mo. maintenance. Excellent accommodation & personnel policies. Transportation allowance after 3 mo. service. Apply Superintendent, Miss O. Keswick, Lady Dunn Hospital, Jamestown, Ontario.

Registered General Duty Nurses in all departments — especially operating room & newborn nursery. Good salary and personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ontario.

Registered General Duty Nurses (4) for 105-bed Pembroke Cottage Hospital as replacements for ones who have been married. Pop. of town, 15,000. 8-mi. from Camp Petawawa, 2-hr. from Ottawa & 4-hr. from Montreal with excellent train & bus service. Active interesting community social life in heart of the beautiful Ottawa Valley. Active ski club, curling club & skating, also the home of the famous Pembroke Lumber Kings Hockey Team, 2-theatres & a "drive-in". Nurses residence is available if desired, 2 blocks from the hospital. Gross salary: $210-$235 with increase at the end of 6-mo. & 1 yr. 3-wk. vacation, 7 statutory holidays. 14-day sick leave. No night duty. Blue Cross Medical/Surgical participation. Forward application to the Director of Nursing, The Cottage Hospital, Pembroke, Ontario.

Registered Nurses for General Staff Duty & Operating Room in modern hospital opened February, 1956 & situated in the midst of one of Canada's most prosperous mining districts. Beginning salary: $240 per mo., plus annual bonus plan, merit increase in 6-mo. to $250 per mo., subsequent increases to $270. Sick leave accumulative to 60 days. Free laundering of uniforms. Partial refund of transportation. Apply Director of Nursing, Memorial Hospital, Regent St. S., Sudbury, Ontario.

Registered General Duty Nurses for County Hospital 45 mi. from center of Montreal with excellent bus service. Pleasant working conditions. Nurses' home attached to hospital. Attractive community social life. Two theatres, bowling curling & dancing. 8-mi. from summer resort on Lake St. Francis & 12-mi. from U.S. border. Gross salary: $215 per mo. Three $5.00 increases at 6-mo. intervals to maximum $230. 44-hr. wk. 8-hr. duty, rotating shifts. Full maintenance available at $35 per mo. 1-mo. annual vacation, all statutory holidays. 2-wk. sick leave. Blue Cross paid. Apply: Mrs. M. G. Curran, R.N., County Hospital, Huntington, Quebec.

Registered Nurses for modern 60-bed General Hospital situated 40 mi. south of Montreal. Salary: $210 per mo., $5.00 increase every 6-mo. for 5 increases. Monthly bonus for permanent evening & night shifts. 44-hr. wk. Many attractive benefits. Board & accommodation available at minimum cost in new motel-style nurses' residence. Apply Supt., Barrie Memorial Hospital, Ormstown, Quebec.

Registered Nurses (2) for fully modern 15-bed hospital. Salary: $260 per mo. with $30 deducted for full maintenance. $180 bonus after 1 yr. service. 1 mo. vacation & 2-wk. sick time with pay per yr. 5 day wk. Apply Matron Union Hospital, Maidestone, Saskatchewan.

Registered Nurses for newly constructed 640-bed hospital. Salary: $338-$392 per mo. Paid vacation, sick leave & other outstanding benefits. California registration or eligibility for registration required. Apply: Administrator, Kern General Hospital, Bakersfield, California.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts; evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty, $320 per mo. Salaries for other positions commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Registered Nurses for 105-bed accredited General Hospital. Salary: $330-$360 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Director of Nurses, Glenn General Hospital, Willows, California.

Registered General Duty Nurses for 118-bed General Hospital along the shores of Lake Michigan, 25 mi. from Chicago. Base salary: $300. Additional differential of $30 for evenings & $20 for nights. 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Wanted — Professional Nurses eligible for registration in Washington, D.C. Staff Nurse positions in 620-bed hospital for medical and surgical diseases of the chest; salary $4,080 per annum; $135 yearly increment; vacation, sick leave, retirement policies; 40-hour week; rotating shifts; active staff orientation program, progressive education programs for staff, student and patient personnel; uniforms laundered free; comfortable maintenance available at modest rates. Opportunity for university study. Write to Director of Nursing, Glenn Dale Hospital, Glenn Dale, Maryland.

Registered Nurses. College town of 10,000. Salary: $290, first 6 mo. Room & Board: $25 per mo. Holidays, sick leave. 40-hr. wk. Please apply Director of Nurses, Callaway (Co.) Hospital, 821 Nichols St., Fulton, Missouri.

Registered Nurses (Canadian) for 75-bed General Hospital, interested in working near Mexico. College town, resort area, beautiful climate. Excellent salary plus $100 travel expenses. Apply Director of Nursing, Grandview Hospital, Edinburg, Texas.

Registered Staff Nurses. Never a dull moment for the graduate nurses who decide they would like to join us at the University of Texas Medical Branch Hospitals. 40-hr. wk. in our air-conditioned hospitals leaving 128 hrs. to enjoy the beach & nearby resorts. Galveston boasts an average temperature in the low seventies which means that swimming, fishing, horseback riding & sailing can be enjoyed the yr. round Positions available in the clinical area of your choice. Monthly salary begins at $290 for rotating — $304, for extended evenings or nights. Uniforms laundered free. Liberal personnel policies & opportunities for advancement. Comfortable air-conditioned residences including maid service at moderate cost. Excellent opportunities for advanced study leading to both B.S. & M.S. degrees. Write for further information to Director of Nursing Service, University of Texas Medical Branch Hospitals, Galveston, Texas.

Registered Nurses! Spend your winter in the Sunny Southwest — New Mexico, "The land of Enchantment." Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics, T.B. San (adults and children) and Operating Room. Salaries: $285-$315, days; $10 differential for evenings and nights; $15 differential, operating room. No shift rotation. Excellent job benefits. Board and room in nurses' residence, $43 per month. Free transportation via 1st Class Air travel to Albuquerque and return in exchange for a 1-yr. employment contract. Write or call collect Mrs. Margaret Nelson, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Ave. S.E., Albuquerque, New Mexico. Phone 3-5611.

Graduate Nurses (2) for newly decorated small country hospital in northern Alberta, (40 miles paved road to next city). Starting salary for Graduate Nurses, $220, less $30, room & board. Good working conditions. Foreign nurses also can arrange for registration. Fare will be refunded after 12-mo. service. Apply Matron, Hythe Hospital, Hythe, Alberta.

General Duty Graduate Nurses (2). Salary: $250. Room, board & laundry: $40. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Graduate complement, 5. Apply giving full details to Matron, Slocan Community Hospital, New Denver, B.C.

Graduate General Duty Nurse. Please apply to the Superintendent, Muskoka Hospital (for the treatment of tuberculosis), Gravenhurst, Ontario.

Graduate Nurses for private hospital in California's Central Valley. Starting salary: $320 per mo. days, $335 per mo. nights. 40-hr. wk., paid vacations, etc. Reasonable housing available. For information write, Administrator, West Side Community Hospital, Post Office Box B, Gustine, California.

General Duty Nurses (2) for modern 35-bed hospital. Salary: $220 per mo. plus full maintenance, three, $10 per mo. annual increments. 1 mo. vacation with pay. 2-wk. sick leave. If employed for 1 yr. a refund of train fare from any point in Canada will be given. Apply to: Municipal Hospital, Two Hills, Alberta. Telephone: 335.

General Duty Nurses (2) for new 25-bed hospital. Basic salary: $240 per mo., $5.00 increment every 6 mo. Board & room in residence: $40 per mo. Usual holidays. Please apply Administrator, Lady Minto Hospital, Ganges, British Columbia.

General Duty Nurses. Salary: $240-$280, $10 increment for experience. 40-hr. wk. 1½ days sick leave per mo. cumulative; 10 statutory holidays, 1 mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

General Duty Nurses & Operating Room Nurses for 434-bed hospital; 40-hr. wk. Statutory holidays. Salary $260-$312. Credit for past experience & postgraduate training. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurse for well-equipped 80-bed General Hospital in beautiful inland valley adjacent Lake Kathlyn. Boating, fishing, swimming, golfing, curling & skiing. Initial salary: $270. Maintenance, $45. 44-hr. wk. 4-wk. vacation with pay. Comfortable, attractive nurses' residence. Rail fare advanced if necessary. References required. Apply Sacred Heart Hospital, Smithers, British Columbia.

General Duty Nurses. Starting salary: $260 per mo. & 4 annual increments of 5% to B.C. reg'd. nurses. $20 per mo. for one or more years university training & $10 per mo. for hospital postgraduate clinical training of not less than 4 mo. 28 days annual vacation after 1 yr. service, 10 statutory holidays per yr. 1½ days sick leave per mo. cumulative. Room rent at nurse's residence $20 per mo. Promotions to senior positions from permanent staff. For details apply Director of Nursing, Trail-Tadanac Hospital, Trail, B.C.

General Duty Nurses for new 85-bed hospital. Good salary & generous personnel policies. Apply to the Director of Nursing, Portage Hospital Dist. #18, Portage la Prairie, Manitoba.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Duty Nurses for all departments. New addition to hospital recently opened. Good personnel policies. Apply to Director of Nursing, General Hospital, Belleville, Ont.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: $235 per mo. with annual increments. Good personnel policies with sick leave benefits, holidays & paid vacation. Residence accommodation available. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses & Certified Nursing Assistants for 70-bed General Hospital. Starting gross salary: $225 per mo. for Registered Nurse. Room & board: $35 per mo. Apply Acting Director of Nursing, Ross Memorial Hospital, Lindsay, Ontario.

General Duty Nurses. O.R. Scrub Nurse (1). For modern well equipped 100-bed general hospital in friendly community. Gross salary: $240 per month if currently registered in Ontario. 8 hr. rotating shifts. 44 hr. wk. 1 day off 1 wk. and 2 the next. 21 days vacation after 1 yr. 7 legal holidays. Good personnel policies. Apply, Miss Willamene R. Allan, General Hospital, Port Colborne, Ont.

General Duty Nurses for 163-bed Tuberculosis Sanatorium. Good salary & personnel policies. Residence accommodation available. Please apply Director of Nurses, Sudbury & Algoma Sanatorium, P.O. Box 40, Sudbury, Ontario.

General Duty Nurses (English speaking) for 466-bed hospital. Nurses' residence available. Salary: $315, California registered — $285, Canadian registered. $22.50 differential for 3-11 & 11-7 shifts. Apply Cedars of Lebanon Hospital, 4833 Fountain Ave., Los Angeles, Calif.

General Duty Nurses for 600-bed teaching hospital in central California. In-service educational program. Salary: $337-$396. 40-hr. wk. 11 holidays annually. Retirement & sick leave plan. Differential of $20 per mo. for 3 p.m.—11 p.m. & $15 per mo. for 11 p.m.—7 a.m. Apply Personnel Director, 732 East Main St., Stockton, California.

General Duty Nurses for 64-bed general short term approved hospital near Sacramento, 80 miles to San Francisco; close to many outdoor activities. Beginning salary: $325. Nurses' home available. Excellent working conditions. Write to Director of Nurses, Woodland Clinic Hospital, Woodland, California.

General Duty Nurses for 50-bed General Hospital located in college town in mountainous portion of Colorado. Salary: $300 per mo. with periodic increases. Fringe benefits include meals, uniform laundry, sick leave & vacation. Registration requires 3-mo. training in psychiatry & pediatrics on a segregated service. Apply Superintendent, Community Hospital, Alamosa, Colorado.

Operating Room Nurse (latter part of April) for new active 25-bed hospital in scenic Rocky Mountains near Banff. Salary according to R.N.A.B.C. policies. Increment for 1-yr. experience. New modern nurses' residence. Full maintenance: $40 per mo. Particulars on request. Apply Matron, Windermere District Hospital, Invermere, British Columbia.

For Modern 42-bed Hospital — **Operating Room Nurse,** starting salary, $260. **General Duty Nurses,** starting salary for new graduates, $245, with 2 years experience, $255, provided Ontario registration is obtained. Annual increments; 6% bonus for shift work. 44-hr. wk. with 8 paid statutory holidays. Annual vacation, 21 days first year, 28 days, second year. 1½ days sick time per mo. Good living accommodations available. Apply to Superintendent of Nurses, General Hospital, Sioux Lookout, Ontario.

Pediatric Nurses (Interested in total pediatric experience) for 100-bed service in new air-conditioned University teaching hospital. Experience includes premature, isolation, surgical specialties in addition to general pediatric nursing. Active inservice participation. Salary: For rotation, $290 per mo., evening or night, $304. Good personnel policies. Abundant recreational facilities. Apply Director, Nursing Service, University of Texas Medical Branch Hospital, Galveston, Texas.

Practical Nurses. Salary: minimum, $181 — maximum, $201. 40-hr. wk. Statutory holidays, liberal sick time, pension plan, holiday allowance. Accommodation available in nurses' residence. Uniforms laundered free. Must qualify for Manitoba registration. Apply Director of Nursing, Winnipeg Municipal Hospitals, Morley Avenue, East, Winnipeg 13, Manitoba.

Laboratory Technologist for 100-bed hospital. Will be in charge of department. New facilities & good personnel policies. Please state salary expected. Apply to: Superintendent, Lady Minto Hospital, Cochrane, Ontario.

CHARGE NURSE
(PSYCHIATRIC WARD)

required by

**SASKATCHEWAN DEPARTMENT OF PUBLIC HEALTH FOR
MUNROE WING, REGINA.**

Salary Range: $312 — $379 per month

Requirements: Registered Nurse, supervisory experience, preferably administrative experience & some training or experience in psychiatric nursing; to take charge of the nursing program in this 33-bed psychiatric ward which is a centre for brief but intensive treatment of all but the most serious forms of psychiatric illness.

Applications: Forms & further information available at:—

**PUBLIC SERVICE COMMISSION, LEGISLATIVE BUILDING, REGINA.
APPLICANTS SHOULD REFER TO FILE c/o 5088.**

Laboratory Technician (1), $350. **Night Nurse** (1), medical-surgical floor, starting salary, $275. **General Duty Nurse** (1) capable of scrubbing for surgery, $275. **General Duty Nurse** (1), capable & willing to learn obstetrics, $265. $15 increase within 6 mo., 40-hr. wk., 6 holidays & good working conditions. Living quarters available at reasonable rates. 60-bed hospital, 5 doctors on staff & many opportunities. Please apply immediately to Superintendent, Frances Mahon Deaconess Hospital, Glasgow, Montana.

Public Health Nurse (Qualified). Generalized program, includes some bedside nursing. Salary: $3,200 to $4,250. Annual increment: $150. 5-day wk. Car provided or car allowance. Apply to Dr. Charlotte M. Horner, Director, Northumberland-Durham Health Unit, Cobourg, Ontario.

Public Health Nurses (Bilingual) for health unit. Minimum salary: $3,200. 5-day wk. Car provided or allowance for own car. Blue Cross & sick leave. Apply to Dr. R. G. Grenon, Director, Prescott & Russell Health Unit, Hawkesbury, Ontario.

Public Health Nurses (qualified) for generalized program with City of Ottawa Health Dept. Salary schedule under review. Existing salary range: $3,192-$4,032 based on experience. Good personnel policies. 5-day wk. Superannuation, Blue Cross & P.S.I. benefits. Apply to Medical Officer of Health, 368 Dalhousie St., Ottawa 2, Ontario.

Operating Room Supervisor, Night Supervisor, Assistant Head Nurse. Excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Ave., Montreal, Quebec.

Classroom & Clinical Instructors for 196-bed hospital. New teaching unit (1953) — 85 students, 1 class a yr. Starting salary: $290 with half yearly increments. Good personnel policies. Apply Director of Nursing Education, St. Michael's Hospital, Lethbridge, Alberta.

Registered Nurses. Salary: $300-$315, with periodic increases. Excellent personnel policies. For further information please contact Superintendent, City Hospital, Red Wing, Minnesota.

General Duty Nurses for 100-bed modern hospital in south-western Ontario. Residence available. Please apply to: Director of Nurses, District Memorial Hospital, Tillsonburg, Ont.

PUBLIC HEALTH NURSES (Grade 1)

BRITISH COLUMBIA CIVIL SERVICE

Positions available for qualified Public Health Nurses in various centers in British Columbia. Salary: $290 rising to $345 per mo. Car provided. An opportunity for interesting & challenging professional service in this beautiful & fast-developing province. Competition No.: 57:591.

For information & application forms, write:

**THE DIRECTOR, PUBLIC HEALTH NURSING, DEPT. OF HEALTH, VICTORIA, B.C. OR
THE CHAIRMAN, B.C. CIVIL SERVICE COMMISSION, 544 MICHIGAN ST., VICTORIA, B.C.**

The
Ontario Society for Crippled Children

requires

EXPERIENCED PUBLIC HEALTH NURSES

GOOD SALARY RANGE

and

PERSONNEL POLICIES

For further information apply to:

THE SUPERVISOR OF NURSING SERVICES,
ONTARIO SOCIETY FOR CRIPPLED CHILDREN,
92 COLLEGE STREET, TORONTO 2, ONTARIO

Registered General Duty Nurses (4 Immediately) for 19-bed hospital, in oil town close to 2 summer resorts & 95 mi. southwest of Edmonton. Daily bus service available. Salary: $220 (with Alberta registration), $190 (non registered in Alberta), plus maintenance & laundry with $5.00 increase at the end of every 6 mo. employment. Apply to: The Matron, Municipal Hospital, Rimbey, Alberta.

Public Health Nurses (Qualified). Salary based on experience. 5-day wk. 4-wk. vacation with pay. Sick leave credits. Blue Cross plan. Pension plan. Car allowance. Financial assistance towards purchase of car. Apply to Mr. A. F. Stewart, Sec.-Treas., Wentworth County Health Unit, 150 Main St. W., Hamilton, Ontario.

Trained Laboratory Technician for small General Hospital, 30 mi. from Ottawa. For further information please apply to: Secretary-Treasurer, Rosamond Memorial Hospital, Almonte, Ontario.

Dietitian for 130-bed hospital. Good salary. Please apply giving full particulars to Administrator, St. Joseph's Hospital, Chatham, Ontario.

Baker Memorial Sanatorium, Calgary, Alberta, offers to Graduate Nurses a 6-mo. postgraduate course in Tuberculosis. Salary: $3,240 to $3,720 per annum. Openings also available for **General Duty Nurses.** Residence with board, if desired, $30 per mo. Excellent holiday, sick leave & pension benefits. Apply to: Superintendent of Nurses.

Registered Nurse for Private Boy's Camp (July & August). Use of camp facilities, riding, swimming, canoeing etc. Maximum amount of leisure time. Opportunity to assist with camp activities. Salary: $150 per mo. plus comfortable accommodation & meals. Apply Rocky Mountain Boys' Camp, Invermere P.O. British Columbia.

Position Wanted

Senior Laboratory Technician — Male, 36, married, with years of experience in various clinical laboratories & T.B. survey. Excellent references, supervisory ability, able to take charge, wishes permanent position in active medium size hospital (100-200 beds). Preferably in northern or N.W. Ontario or B.C. interior. Available: May/June, 1958. Please apply to Box S, The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25, Que.

REQUIRED IMMEDIATELY
OPERATING ROOM SUPERVISOR
and
EVENING AND NIGHT SUPERVISOR
(on rotating shift)

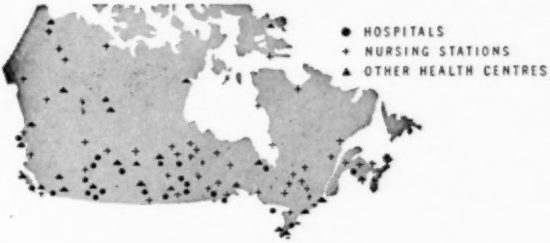
For further information apply
THE DIRECTOR OF NURSING, MEMORIAL HOSPITAL, SUDBURY, ONTARIO.

NURSING HOME FOR SALE

Well & attractively equipped & located in the beautiful Niagara Peninsula. The Home has high standards & is recommended by local doctors. An ideal opportunity for 1 or 2 nurses. Annual revenue, $20,000 which should be doubled when Government Hospital Plan begins. The Home has 9 bedrooms & can accommodate 16 patients. Chronic medical, compensation & various cases are treated by a well-trained staff. Owner is a graduate in Public Health & would only consider selling to a nurse with integrity & interested in maintaining the present high standards. Price: $12,500.

For further information please apply:
Box T, The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25, Quebec.

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES



OPPORTUNITIES FOR REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, and NURSING ASSISTANTS or PRACTICAL NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic and North-West Territories.

SALARIES

(1) Public Health Nursing Supervisors: up to $5,220 depending on qualifications and location.

(2) Directors of Nursing in Hospitals: up to $4,950 depending on qualifications and location.

(3) Public Health Staff Nurses: up to $3,780 per year depending on qualifications and location.

(4) Hospital Staff Nurses: up to $3,540 per year depending on qualifications and location.

(5) Nursing Assistants or Practical Nurses: up to $195 per month depending upon qualifications and location.

- **Room and board in hospitals — at reasonable rates. Statutory holidays. Three week's annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.**
- **Special compensatory leave for those posted to isolated areas.**

For interesting, challenging, satisfying work, apply to — Indian and Northern Health Services at one of the following addresses:

(1) Regional Superintendent, 4824 Fraser Street, Vancouver 10, B.C.
(2) Regional Superintendent, c/o Charles Camsell Indian Hospital, Edmonton, Alberta.
(3) Regional Superintendent, 735 New Federal Building, Regina, Saskatchewan.
(4) Regional Superintendent, 522 Dominion Public Building, Winnipeg 1, Manitoba.
(5) Zone Supervisor of Nursing, Box 292, North Bay, Ontario.
(6) Zone Supervisor of Nursing, P.O. Box 3247, St. Roch Branch, Quebec, Que.
(7) Moose Factory Indian Hospital, Moose Factory, Ontario.

or

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.

GRENFELL LABRADOR MEDICAL MISSION

The Grenfell Mission is now taking applications for positions in its Hospitals, Nursing Stations and Children's Dormitories in northern Newfoundland and Labrador.

For full information please write:

MISS DOROTHY A. PLANT, SECRETARY, GRENFELL LABRADOR MEDICAL MISSION, 48 SPARKS ST., OTTAWA 4, ONTARIO.

NEW SOUTH PEEL HOSPITAL,
COOKSVILLE, ONTARIO
(12 miles west of Toronto)

Hospital to open approximately April, 30th, 1958

Staff Required:

Supervisors — Operating Room, Central Supply Room, Obstetrics, Evening, Night.
Head Nurses — for all services.
General Duty — for all services.

Generous benefits, 40-hr. work week.

For further particulars apply:

Director of Nursing, South Peel Hospital, Cooksville, Ontario.

SASKATOON CITY HOSPITAL

SASKATOON, SASKATCHEWAN

requires

Instructor to be responsible for student rotations & to assist with Nursing Arts instruction. Salary commensurate with experience & qualifications. Liberal vacation with pay. Accumulative sick leave.

Apply to Director of Nursing.

SASKATOON CITY HOSPITAL,
SASKATOON, SASKATCHEWAN

NURSES

SUPERVISOR. Nights. Supervisory experience necessary. Salary open.

STAFF R.N. & P.N. Rotating Shifts. Attractive nurses' residence. R.N. starting salary: $280 month, with differential for permanent 4-12 & 12-8 duty.

ACCREDITED 170-BED GENERAL HOSPITAL IN CONVENIENT NEW YORK CITY SUBURB. EXCELLENT PERSONNEL POLICIES.

Apply: Director of Nursing

YONKERS GENERAL HOSPITAL
Yonkers, N.Y.

SCIENCE INSTRUCTOR

required for the autumn of 1958.

Applications are invited from qualified graduate nurses for McKellar General Hospital School of Nursing, Fort William.

Good Personnel Policies.

SALARY BASED ON QUALIFICATIONS & EXPERIENCE.

APPLY: DIRECTOR OF NURSING.
McKELLAR GENERAL HOSPITAL
FORT WILLIAM, ONTARIO

THE ROOSEVELT HOSPITAL
APPLICATION FOR APPOINTMENT
NURSING SERVICE DEPARTMENT

NAME ....

ADDRESS ....

....

BIRTHDATE .... MARITAL STATUS ....

WHERE REGISTERED ....

CLINICAL SERVICE DESIRED ....

POSITION SOUGHT ....

DATE AVAILABLE ....

EDUCATIONAL BACKGROUND

SCHOOL OF NURSING	ADDRESS	DATE OF DIPLOMA OR DEGREE

EXPERIENCE (LIST MOST RECENT POSITION FIRST)

POSITION	HOSPITAL	LOCATION	DATE

TRANSPORTATION PAID UPON APPOINTMENT TO STAFF.

SEND TO: DIRECTOR, NURSING SERVICE
THE ROOSEVELT HOSPITAL
428 WEST, 59TH STREET
NEW YORK 19, NEW YORK.

OBSTETRICAL SUPERVISOR

REQUIRED

FOR 26-BED TEACHING UNIT

QUEEN ELIZABETH HOSPITAL OF MONTREAL.

PERSONNEL POLICIES AS RECOMMENDED BY A.N.P.Q.

APPLY: DIRECTOR OF NURSING,
2100 MARLOWE AVENUE, MONTREAL, QUEBEC.

OPERATING ROOM SUPERVISOR

for

SAINT JOHN GENERAL HOSPITAL

(400-BED)

SCHOOL OF NURSING — 150 STUDENTS

QUALIFICATIONS: POSTGRADUATE CERTIFICATION IN OPERATING ROOM TECHNIQUE & MANAGEMENT WITH EXPERIENCE.

Apply to: Director of Nursing,
SAINT JOHN GENERAL HOSPITAL, SAINT JOHN, NEW BRUNSWICK

GRADUATE NURSES — SUBURBAN TORONTO

Are invited to enquire re: employment opportunities in a well-staffed new 125-bed hospital in suburban west Toronto. General duty salary range: $240 to $290 per mo. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH ST. WESTON,
TORONTO 15, ONTARIO. CHerry 4-5551.

REGISTERED NURSES

$2,700 — $3,540

(According to Qualifications)

FIVE-DAY WEEK

SUNNYBROOK HOSPITAL
TORONTO

WESTMINSTER HOSPITAL
LONDON

Application forms, available at your nearest Civil Service Commission Office, National Employment Service or Post Office, should be forwarded to the Civil Service Commission, 25 St. Clair Avenue East, Toronto 7, Ontario.

THE CORNWALL GENERAL HOSPITAL

(227-BED)

requires

1 OPERATING ROOM SUPERVISOR

1 AFTERNOON & NIGHT SUPERVISOR

GENERAL STAFF NURSES

R.N.A.O. SALARY POLICY

APPLY: SUPERINTENDENT.
CORNWALL, ONTARIO

UNIVERSITY HOSPITAL

requires an

ADMINISTRATIVE SUPERVISOR

for 40-bed Psychiatric Unit in this new 500-bed teaching hospital. Supervisory and psychiatric experience necessary. Duties to commence July, 1958. Attractive personnel policies.

Apply to:

Director, Nursing Service,
University Hospital,
Saskatoon, Saskatchewan.

NURSE EDUCATORS — for three-year basic schools of nursing. General nursing, medical & surgical, nursing service administration, public health, pediatrics.

REQUIREMENTS — Teaching qualifications and experience.

NURSE EDUCATORS — for university schools of nursing. General nursing, nursing service administration, obstetrics & pediatrics, public health/mental health.

Requirements — Master's degree preferred.

SENIOR NURSE CONSULTANTS WITH PUBLIC HEALTH

Requirements — experience in teaching, supervision & administration.

Additional language needs in several countries:

French-speaking Nurse Educators,
Midwife Teachers & Public Health Nurse Supervisors.
Arabic-Speaking Nurses, Male and Female.

Anyone having the necessary qualifications & experience should apply by letter in the first instance to:

PERSONNEL SECTION, WORLD HEALTH ORGANIZATION, PALAIS DES NATIONS, GENEVA, REFERRING TO THIS ADVERTISEMENT

REGISTERED NURSES
NURSING ASSISTANTS

Required for all departments in new 160-bed hospital, centrally located between Toronto and Hamilton, in a very progressive community.

Good salary and personnel policies, pension plan, 42-hr. wk.

Apply stating age, qualifications to:

DIRECTOR OF NURSING,
OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL, OAKVILLE, ONTARIO

CLINICAL INSTRUCTOR IN OPERATING ROOM TECHNIQUE

for

SCHOOL OF NURSING IN 400-BED HOSPITAL

UNIVERSITY DIPLOMA COURSE REQUIRED
& TEACHING EXPERIENCE PREFERRED.

APPLY: DIRECTOR OF NURSING,
OSHAWA GENERAL HOSPITAL, OSHAWA, ONTARIO.

GENERAL DUTY NURSES

(for all departments)

Gross salary: $235 per mo. if registered in Ontario. $215 per mo. until registration has been established. $20 per mo. bonus for evening & $10 for night duty. Annual increment of $10 per mo. for 3 years.

44-hr. wk., 8 statutory holidays, 21 days vacation.

12 days leave for illness with pay after 1 yr. of employment.

APPLY: DIRECTOR OF NURSING, OSHAWA GENERAL HOSPITAL
OSHAWA, ONTARIO.

OPERATING ROOM SUPERVISOR
AND
OBSTETRICAL SUPERVISOR
REQUIRED IMMEDIATELY

FOR MODERN, 79-BED, 24-BASSINETTE HOSPITAL IN GROWING COMMUNITY.

Please apply stating qualifications to:

DIRECTOR OF NURSING
SYDENHAM DISTRICT HOSPITAL, WALLACEBURG, ONTARIO

CANADA'S CHEMICAL VALLEY

Sarnia, Ontario

DIRECTOR OF NURSING SERVICES

required for modern, fully approved (JCAH) 300-bed well-equipped General Hospital.

This progressive industrial city of 45,000 is growing; it is a summer resort area located on the shores of Lake Huron & St. Clair River.

The hospital has approved schools for nurses, laboratory technologists, x-ray technicians & is approved for intern training.

Qualifications for applicants include registration in Ontario, at least a bachelor's degree in administration, & successful experience in the field of nursing education as well as in nursing administration.

For more details & literature concerning the position & Sarnia, write to:

PERSONAL DIRECTOR, SARNIA GENERAL HOSPITAL, SARNIA, ONTARIO.

VICTORIAN ORDER OF NURSES FOR CANADA . . .

requires

PUBLIC HEALTH NURSES

for Staff and Supervisory positions in various parts of Canada.

Applications will be considered from Registered Nurses without Public Health training but with University entrance qualifications.

SALARY, STATUS AND PROMOTIONS ARE DETERMINED IN RELATION TO THE QUALIFICATIONS OF THE APPLICANT.

Apply to:

Director in Chief,
Victorian Order of Nurses for Canada
5 BLACKBURN AVENUE
Ottawa 2, Ont.

APPLICATIONS ARE REQUESTED BY

WOODSTOCK GENERAL HOSPITAL

SCHOOL of NURSING

FOR INSTRUCTORS

1. Nursing Arts Instructor
2. Medical Clinical Instructor
3. Science Instructor

(by July 1st, 1958)

1 year university plus experience in teaching & supervision.

also

1. Head Nurse for nursery on obstetrical unit

   Postgraduate experience in obstetrics.

2. Head Nurse — central supply room

   Previous experience necessary.

3. General Staff Nurses

Good personnel policies.

Apply to: Director of Nursing,

WOODSTOCK GENERAL HOSPITAL
WOODSTOCK, ONTARIO

APPLICATIONS WILL BE ACCEPTED BY THE

SECRETARY OF THE BOARD OF GOVERNORS,

KINGSTON GENERAL HOSPITAL, KINGSTON, ONTARIO

for the position of

DIRECTOR OF NURSING

NURSING ARTS INSTRUCTOR	To teach fundamentals of nursing and assist with medical-surgical nursing.
SCIENCE INSTRUCTOR	To teach anatomy and physiology, chemistry, and assist with medical-surgical nursing.
HEALTH INSTRUCTOR	In charge of student health service; teach health, microbiology and sociology; assist with medical-surgical nursing. **(Certified in teaching and supervision or public health nursing.)**

For further information apply to:

DIRECTOR, SCHOOL OF NURSING, METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONT.

THE PETERBOROUGH CIVIC HOSPITAL

SCHOOL OF NURSING

requires

CLINICAL INSTRUCTORS

in

Medicine, Surgery & Obstetrics

Apply to:

The Director of Nursing,
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

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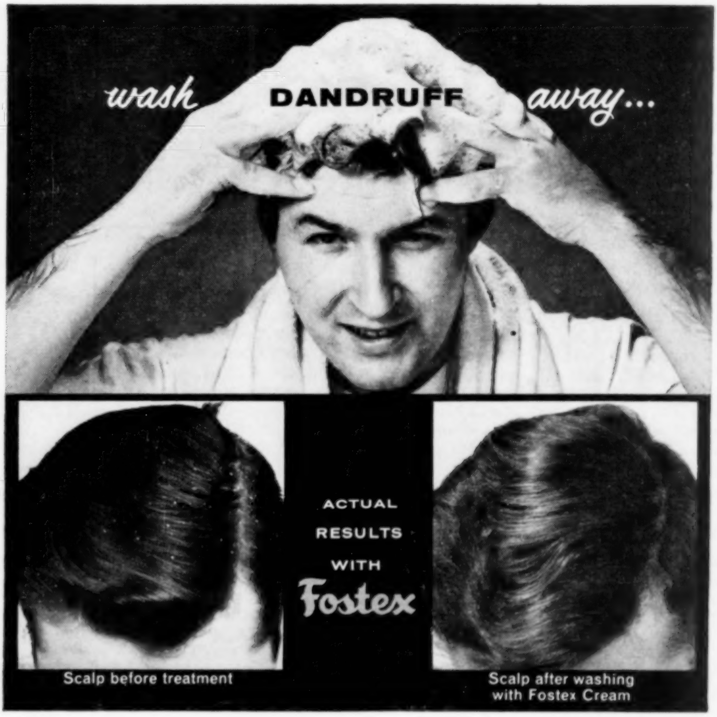

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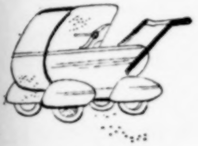

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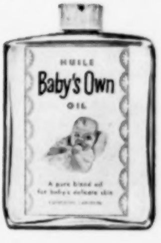

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